## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P03000029626

NEAL, MICHÈLLE

3995 ROYAL OAK DRIVE

TITUSVILLE, FL 32780

Name:

Address:

City-St-Zip:

FILED Sep 01, 2005 Secretary of State

Entity Na	me: POTEE	ET CUSTOM HC	MES, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	TH PALM AV LE, FL 3279						
Current Mailing Address:				New Mailing Address:			
	H PALM AV LE, FL 3279						
FEI Number	: 16-1657972	FEI Number A	Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	l Address o	f Current Regis	tered Agent:	Name and	Address	of New Registered Agent:	
605 SOUT	ANTHONY F TH PALM AV LE, FL 3279	ENUE					
	e named entit e of Florida.	y submits this st	atement for the p	urpose of changing i	ts register	red office or registered agent, or both,	
SIGNATUI	RE:						
	Electr	onic Signature c	f Registered Age	nt		Date	
OFFICER	S AND DIRE	CTORS:		ADDITION	IS/CHAN	GES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D POTEET, AN 3981 HAMM MIMS, FL 33	OCK ROAD		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	NEAL, MICH	OAK DRIVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PRES POTEET, AN 3981 HAMM MIMS, FL 3:	OCK RD		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	VP	( ) Delete		Title:	VP	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

POTEET, ANTHONY

605 SOUTH PALM AVE

TITUSVILLE, FL 32796

SIGNATURE: ANTHONY R. POTEET PRES 09/01/2005