## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000055636

BROWN, JOSHUA T

NAPLES, FL 34120

7524 BRISTOL CIRCLE

Name:

Address:

City-St-Zip:

Entity Name: CUSTOM DEVELOPMENTS OF FLORIDA, INC.

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
	DLLIER BLVD			
SUITE D	FL 34104			
·				
Current N	Mailing Address:	New Mailing Address:		
	DLLIER BLVD			
SUITE D	FL 34104			
·				
FEI Numbei	r: 59-2113922 FEI Number Applied Fo	r ( ) FEI Number Not Applicable ( ) Certificate of Status Desired	( )	
Name and	d Address of Current Registered Ag	gent: Name and Address of New Registered Agent:		
NAPLES,	FL 34104 US			
The above	e named entity submits this statement to	for the purpose of changing its registered office or registered agent, or	both,	
in the Stat	te of Florida.	for the purpose of changing its registered office or registered agent, or	both,	
in the Stat	te of Florida. The state of Florida.		both,	
in the Stat SIGNATU	te of Florida.	ered Agent Date	both,	
in the Stat SIGNATU	te of Florida.  IRE:  Electronic Signature of Registe	ered Agent Date		
in the Stat SIGNATU Election Ca OFFICER	te of Florida.  IRE:  Electronic Signature of Registe  Impaign Financing Trust Fund Contribution	ered Agent Date		
in the Stat SIGNATU Election Ca OFFICER Title: Name:	te of Florida.  IRE:  Electronic Signature of Register  Impaign Financing Trust Fund Contribution  IS AND DIRECTORS:  PRES () Delete  GENOVESI, MICHAEL A	ered Agent Date  ( ).  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: ( ) Change ( ) Addition  Name:		
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:

SIGNATURE: MICHAEL GENOVESI PRES 03/16/2009