


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90027 049 \*\*\*150.00

<b>DOCUMENT # P03000075723</b>		
1. Entity Name CUSTOM CREATIONS & DESIGN BY PHIL, INC.		

Principal Place of Business 12739 DEVONSHIRE LAKE CIRCLE FORT MYERS, FL 33913	Mailing Address 12739 DEVONSHIRE LAKE CIRCLE FORT MYERS, FL 33913
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40011395

2. Principal Place of Business 217 Via D'Este #1803 Suite, Apt. #, etc. Delray Beach, FL 33445 City & State		3. Mailing Address 217 Via D'Este #1803 Suite, Apt. #, etc. Delray Beach, FL 33445 City & State	
Zip	Country	Zip	Country

01272005 Chg-P CR2E034 (10/03)

4. FEI Number 75-3128959	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ACKERMAN, PHILIP A 12739 DEVONSHIRE LAKE CIRCLE FORT MYERS, FL 33913		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 217 Via D'Este #1803 City Delray Beach FL Zip Code 33445	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACKERMAN, PHILIP A 12739 DEVONSHIRE LAKE CIRCLE FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	217 Via D'Este #1803 Delray Beach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip A. Ackerman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip A. Ackerman

1/31/2005 1-239-633-4078

Date

Daytime Phone #