2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State
01-25-2005 90027 034 ***150.00

DOCUMENT # P03000116965

1. Entity Name
CUSTOM OUTDOOR LIVING, INC.

Principal Place of Business	Mailing Address
5389 DODSON RD. BAKER, FL 32531 US	P O BOX 477 CRESTVIEW, FL 32536 US

01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3690655
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEWELLEN, MATHEW P
5389 DODSON RD
BAKER, FL 32531

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEWELLEN, MATTHEW P
STREET ADDRESS	5389 DODSON RD.
CITY-ST-ZIP	BAKER, FL 32531
TITLE	PV
NAME	COOPER, STEPHEN W
STREET ADDRESS	5921 STAFF RD
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	SEC
NAME	LEWELLEN, SHEILA E
STREET ADDRESS	5389 DODSON RD.
CITY-ST-ZIP	BAKER, FL 32531
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Sheila Lewellen Secretary/Treas 1 Mar 05 8506853556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #