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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000138376

1. Entity Name

BIVINS CUSTOM STAIRS & INTERIOR TRIM, INC.

Principal Place of Business	Mailing Address
2025 WINDSOR HILL CT. MIDDLEBURG, FL 32068 US	2025 WINDSOR HILL CT. MIDDLEBURG, FL 32068 US

DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05)

4. FEI Number 30-0228588 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BIVINS, CLARENCE K.
2025 WINDSOR HILL CT.
MIDDLEBURG, FL 32068

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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
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BIVINS, CLARENCE K.
STREET ADDRESS	2025 WINDSOR HILL CT.
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	9/16/08
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 exemptions contained 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 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: Clarence K Bivins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #