


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000150799 1. Entity Name NATIVE CUSTOMS, INC.	
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Principal Place of Business 6000 W MARKEL ST. PALM CITY, FL 34990 US	Mailing Address PO BOX 335 PALM CITY, FL 34991 US
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DO NOT WRITE IN THIS SPACE

04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0474248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWERY, BRYAN
6000 SW MARKEL ST.
PALM CITY, FL 34990

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IN THIS SPACE**

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 _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWERY, BRYAN PO BOX 335 PALM CITY, FL 34991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWERY, SONIA PO BOX 335 PALM CITY, FL 34991
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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: Bryan Lowery President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/19/05 772-283-5000
Date Daytime Phone #