

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000150799

1. Entity Name
NATIVE CUSTOMS, INC.



Principal Place of Business
**6000 W MARKEL ST.
PALM CITY, FL 34990 US**

Mailing Address
**PO BOX 335
PALM CITY, FL 34991 US**



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0474248

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2007 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 **LOWERY, BRYAN**
STREET ADDRESS **PO BOX 335**
CITY-ST-ZIP **PALM CITY, FL 34991**

TITLE **VP**
NAME **LOWERY, SONIA**
STREET ADDRESS **PO BOX 335**
CITY-ST-ZIP **PALM CITY, FL 34991**

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04/20/07-80065-016 150.00

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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: Bryan Lowery 4/10/07 772-283-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #