2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # P03000152415 J.S. CUSTOM WOOD WORK, INC. Principal Place of Business Mailing Address 1512 STONE TRAIL 1512 STONE TRAIL ENTERPRISE, FL 32725 ENTERPRISE, FL 32725 04112006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0527658 Not Applicat \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent SILVA, JORGE DO NOT WRITE 1512 STONE TRAIL ENTERPRISE, FL 32725 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 registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 4-11-06 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **PST** TITLE NAME SILVA, JORGE U000000518186 STREET ACCRESS 1512 STONE TRAIL 05/01/06-80078-020 iso on CITY-ST-7IP ENTERPRISE, FL 32725 TITLE STREET ADDRESS CITY-ST-7P TITE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filling does not quality 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:

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

younge