

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000024558	
1. Entity Name CUSTOM CRAFT CARPENTRY, INC.	

Principal Place of Business 8715 FLAME VINE AVENUE SEMINOLE, FL 33777	Mailing Address 8715 FLAME VINE AVENUE SEMINOLE, FL 33777
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04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2440357	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

GARRISON, TERRI A
 8715 FLAME VINE AVENUE
 SEMINOLE, FL 33777

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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, 2008 Fee will be \$550.00

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

000000021201
 05/14/08-80075-004 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARRISON, ROBERT S
STREET ADDRESS	8715 FLAME VINE AVENUE
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	V
NAME	GARRISON, TERRI A
STREET ADDRESS	8715 FLAME VINE AVENUE
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	ST
NAME	GARRISON, GRANT S
STREET ADDRESS	8715 FLAME VINE AVENUE
CITY-ST-ZIP	SEMINOLE, FL 33777
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 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: *Terri A Garrison* **4-23-08** 727-459-7387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #