

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000024558

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** CUSTOM CRAFT CARPENTRY, INC.

**Current Principal Place of Business:**

8715 FLAME VINE AVENUE  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

8715 FLAME VINE AVENUE  
SEMINOLE, FL 33777

**New Mailing Address:**

**FEI Number:** 52-2440357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

GARRISON, TERRI A  
88715 FLAMEVINE AVENUE  
SEMINOLE, FL 33777 US

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.

SIGNATURE: TERRI A. GARRISON

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GARRISON, ROBERT S  
Address: 8715 FLAME VINE AVENUE  
City-St-Zip: SEMINOLE, FL 33777

Title: V  
Name: GARRISON, TERRI A  
Address: 8715 FLAME VINE AVENUE  
City-St-Zip: SEMINOLE, FL 33777

Title: ST  
Name: GARRISON, GRANT S  
Address: 8715 FLAME VINE AVENUE  
City-St-Zip: SEMINOLE, FL 33777

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TERRI A. GARRISON

VP

04/25/2011

Electronic Signature of Signing Officer or Director

Date