

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 03, 2008 8:00 am
Secretary of State

06-03-2008 90001 003 ***150.00

DOCUMENT # P04000026717 1. Entity Name TERRY'S CUSTOM BUILT BUILDINGS, INC.	
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Principal Place of Business 20130 SE 219TH AVENUE ISLAND GROVE, FL 32654	Mailing Address P.O. BOX 83 ISLAND GROVE, FL 32654
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40107370



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1258402	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

RAMSEY, WILLIAM
6045 SE V.S. HIGHWAY 301
HAWTHORNE, FL 32640

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

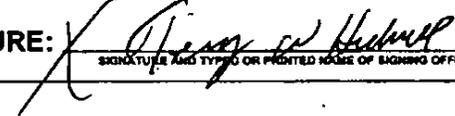
**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDNALL, TERRY P.O. BOX 83 ISLAND GROVE, FL 32654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUDNALL, THERESA P.O. BOX 83 ISLAND GROVE, FL 32654
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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9-15--08 Daytime Phone: 1-352-481-4495