


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90008 030 ***158.75

DOCUMENT # P04000042009 1. Entity Name S & N CUSTOM DESIGNS, INC.					
Principal Place of Business 4585 EMERALD VISTA G 342 LAKE WORTH, FL 33461 US			Mailing Address 4585 EMERALD VISTA G 342 LAKE WORTH, FL 33461 US		
2. Principal Place of Business - No P.O. Box # 2101 Vinings Cir		3. Mailing Address 32489 SKIDOO WAY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State West Palm Beach FL		City & State POLSON, MT		4. FEI Number 20-0972939	
Zip 33414		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 59860		Country U.S.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARSH, NORVAL L 4585 EMERALD VISTA G 342 LAKE WORTH, FL 33461				7. Name and Address of New Registered Agent Name MAKO L. MARSH Street Address (P.O. Box Number is Not Acceptable) 2101 VININGS CIR #1007 City WEST PALM BEACH FL Zip Code 33414	
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: <u><i>Norval Marsh</i></u> MAKO L. MARSH, 2 V.P. <u>1/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HONNERLAW, CHERI K 2209 MITCHELL RD WILMINGTON, OH 45177 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSH, NORVAL L 4585 EMERALD VISTA, G -342 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSH, NORVAL L. 32489 SKIDOO WAY POLSON, MT 59860 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSH, SHIRLEY M 4585 EMERALD VISTA, G 342 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLENN, MELODY A 5812 S 160TH ST OMAHA, NE 68135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLENN, MELODY A. 3353 WOOD COURT FAIRFIELD, OH 45011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2-VP MARSH, MAKO L 4585 EMERALD VISTA, G-342 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2-VP MARSH, MAKO L. 2101 VININGS CIR #1007 WEST PALM BEACH FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Norval Marsh</i></u> NORVAL L. MARSH, Pres. <u>1/25/08 (56)</u> <u>596-6820</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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