2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051017

Title:

Name:

Address:

City-St-Zip:

Entity Name: KEREKES CUSTOM WOODWORKS INC

FILED Jan 08, 2008 Secretary of State

Entity Nar	me: KEKEKES	S COSTONI WOODW	ORKS, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
401 BAINBRIDGE ST PANAMA CITY BEACH, FL 32459				401 BAINBRIDGE ST PANAMA CITY BEACH, FL 32413			
Current Mailing Address:				New Mailing Address:			
401 BAINBRIDGE ST SANTA ROSA BEACH, FL 32413				401 BAINBRIDGE ST PANAMA CITY BEACH, FL 32413			
FEI Number:	20-0922066	FEI Number Applied Fo	or () FEI Nun	nber Not Appl	icable ()	Certificate of	f Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	, ERVIN BRIDGE ST CITY BEACH, F	FL 32413 US					
	named entity s e of Florida.	ubmits this statement	for the purpose o	f changing it	ts registere	d office or regis	tered agent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financing	Trust Fund Contribution	n ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KEREKES, ERV 401 BAINBRIDG			Title: Name: Address: City-St-Zip:		() Change () A	ddition
Title: Name: Address: City-St-Zip:	KEREKES, ZSU 401 BAINBRIDG			Title: Name: Address: City-St-Zip:	401 BAINBF	(X) Change () A ZSUZSANNA RIDGE ST TY BEACH, FL 32	
Title: Name: Address: City-St-Zip:	FAZEKAS, AND 611 CENTER S			Title: Name: Address: City-St-Zip:	VP RINGWELL 3871 INDIAI DESTIN. FL	N TRL UNIT 3D	ddition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ERVIN KEREKES P 01/08/2008

(X) Delete

FORT WALTON BEACH, FL 32547

BUDAVEI, ALIAKSEI

611 CENTER ST

() Change () Addition