

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

04-13-2005 90064 014 ***150.00

DOCUMENT # P04000054162 1. Entity Name CUSTOM COUNTERTOPS, INC					
Principal Place of Business 9445 PARMAN ROAD JACKSONVILLE, FL 32222 DU			Mailing Address 9445 PARMAN ROAD JACKSONVILLE, FL 32222 DU		
2. Principal Place of Business SAME Suite, Apt. #, etc.			3. Mailing Address 9445 PARMAN R Suite, Apt. #, etc.		
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 20-0921125	
Zip 32222		Country DUVAI		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLIS, WILLIAM T JR 9445 PARMAN ROAD JACKSONVILLE, FL 32222				7. Name and Address of New Registered Agent Name WILLIAM T ELLIS JR Street Address (P.O. Box Number is Not Acceptable) 9445 PARMAN RD City JACKSONVILLE FL Zip Code 32222	
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 William T Ellis PRESIDENT DATE 5-5-05 <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, 2005 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	P ELLIS, WILLIAM T JR 9445 PARMAN ROAD JACKSONVILLE, FL 32222		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: WILLIAM T ELLIS JR PRES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 5-5-05 777-4689 <small>Date Daytime Phone #</small>		

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