

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000091702

1. Entity Name

COWBOY CUSTOMS, INC.



Principal Place of Business

**335 S.E. 441, STE C
OKEECHOBEE FL 34974
US**

Mailing Address

**P.O. BOX 3054
OKEECHOBEE FL 34973
US**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 37-1491885

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHRADER, CLARA
5400 HIGHWAY 441 SE
OKEECHOBEE FL 34974**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed in printed name of individual agent and title if applicable

If CFE Registered Agent signature required, when not using:

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ **Delete**
NAME **SHRADER, CLARA**
STREET ADDRESS **5400 HIGHWAY 441 SE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS **U00000928408**
CITY-ST-ZIP **05/21/08-80027-022 150.00**

TITLE **VT** ☐ **Delete**
NAME **SHRADER, JAMES**
STREET ADDRESS **5400 HIGHWAY 441 SE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M** ☐ **Delete**
NAME **SHRADER, GLENN**
STREET ADDRESS **599 SW 67 DR**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Clara Shrader **Clara Shrader 4-24-08 863-467-8002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone