

2006 FOR PROFIT CORPORATION ANNUAL REPORT

09-06-2006 90035 006 *** 150.00

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2006 SEP 27 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000135432

1. Entity Name
CUSTOM CRAFTSMEN REMODELING CONTRACTORS, INC.



Principal Place of Business: 10914 KURALEI DRIVE, JACKSONVILLE, FL 32246

Mailing Address: 10914 KURALEI DRIVE, JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE



08312008 No Chg-P CR2E034 (11/05)

4. FEI Number: 20-1703083 Applied For: Not Applicable

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

8. Name and Address of Current Registered Agent

CASTRO, ANGELA
10914 KURALEI DRIVE
JACKSONVILLE, FL 32246

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CASTRO, ANGELA
STREET ADDRESS	10914 KURALEI DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32246
TITLE	VP
NAME	CASTRO, HENRY P
STREET ADDRESS	10914 KURALEI DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32246
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: *Angela Castro* 9-1-06 904-910-3865

Typed or printed name of signing officer or director Date Daytime Phone #

1/2

9/28
aw

2/2



**CUSTOM
CRAFTSMEN**
REMODELING CONTRACTORS INC.

September 16, 2006

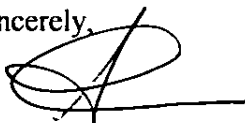
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attention: Annual Reports Section

Re: Custom Craftsmen Remodeling Contractors, Inc.
PO4000135432

Dear Administrator:

On September 1st, I contacted the Annual Reports Division at 850-245-6056 to determine the due date for filing annual reports, as I had not yet received the annual post card. I was advised to go the Annual Reports website and print out the Annual Report form and to mail it along with the \$150.00 fee. The report and fee were mailed on September 1, 2006, via next day air. Yesterday, I received a letter stating that the annual report and check had been received however; the report was not yet filed. After contacting your office, I learned that a different report needed to be submitted, because we had not received the annual postcard. Unfortunately, I did not realize there were two different reports from which to choose on the website. I would sincerely appreciate your consideration in accepting our payment of \$150.00 and to please waive the late fee as our report had arrived prior to the due date. Should you need further information, please contact me at 904-910-3865. Thank you in advance for your help.

Sincerely,



Angela Castro
Custom Craftsmen Remodeling Contractors, Inc.