2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2005 90116 003 ***150.00
P04000141977

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000141977

1. Entity Name
CUSTOM CONSTRUCTION CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1535 VISTA LAKE CIR W. MELBOURNE, FL 32904	1535 VISTA LAKE CIR W. MELBOURNE, FL 32904

06302005 Chg-P CR2E034 (10/03) 05

2. Principal Place of Business	3. Mailing Address
2815 W. New Haven Ave	2815 W. New Haven Ave.
Suite, Apt. #, etc. 304	Suite, Apt. #, etc. 304
City & State: W. Melbourne, Florida	City & State: W. Melbourne, Florida
Zip: 32904 Country: USA	Zip: 32904 Country: USA

4. FEI Number 753171291 ☐ Applied For ☐ Not Applicable

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
GATCHELL, LAWRENCE E 1535 VISTA LAKE CIR W. MELBOURNE, FL 32904	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] LAWRENCE E GATCHELL 7-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATCHELL, LAWRENCE E 1535 VISTA LAKE CIR W. MELBOURNE, FL 32904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] LAWRENCE E GATCHELL 7-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 321-727-7707

PRES

B. Mitchell JUL 2 0 2005