

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068908

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: CUSTOM CRAFTSMEN UNLIMITED, INC

**Current Principal Place of Business:**

7064 SW CR 240  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 371  
LAKE CITY, FL 32056

**New Mailing Address:**

FEI Number: 20-2820004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEAMSLEY, PETER  
7064 SW CR 240  
LAKE CITY, FL 32024 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BEAMSLEY, PETER  
Address: P.O. BOX 371  
City-St-Zip: LAKE CITY, FL 32056

Title: D ( ) Delete  
Name: BEAMSLEY, JAMES  
Address: P.O. BOX 1593  
City-St-Zip: LAKE CITY, FL 32056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JAMES BEAMSLEY

D

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date