


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 AUG 23 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000093946 1. Entity Name CUSTOM HANGER BUILDERS INC.					
Principal Place of Business 24525 CR 44-A EUSTIS, FL 32736			Mailing Address 24525 CR 44-A EUSTIS, FL 32736		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		07172006 Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRUEGGEMAN, LEA 270 WAYMONT CT., STE. 110 LAKE MARY, FL 32746			Name MARK CARSON Street Address (P.O. Box Number is Not Acceptable) 24525 CR-44A City EUSTIS FL Zip Code 32736		
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 <u><i>Mark Carson</i></u> Pres <u>MARK R. CARSON</u> 5-1-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	DS CARSON, MARK P.O. BOX 520 SORRENTO, FL 32776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Mark Carson</i></u> President 5-1-06 352 357 5780 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					