

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144412

FILED
Apr 30, 2009
Secretary of State

Entity Name: CUSTOM WALL WORKS, INC.

Current Principal Place of Business:

1048 DANCY STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 61494
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 13-4312160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSURGI, NANCY
1048 DANCY STREET
JACKSONVILLE, FL 32205 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: P () Delete
Name: BOSURGI, NANCY
Address: 1048 DANCY STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: T () Delete
Name: BOSURGI, JAMES JR.
Address: 1048 DANCY STREET
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: BOSURGI, JAMES JR.
Address: 4814 ATTLEBORO ST.
City-St-Zip: JACKSONVILLE, FL 32205

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: NANCY BOSURGI

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date