

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166225

FILED
Jan 05, 2008
Secretary of State

Entity Name: CUSTOM CRAFTED CLUBS CORP

Current Principal Place of Business:

129 SW CASHMERE BLVD.
PORT SAINT LUCIE, FL 349861929

New Principal Place of Business:

129 SW CASHMERE BLVD.
PORT SAINT LUCIE, FL 349861929 US

Current Mailing Address:

129 SW CASHMERE BLVD.
PORT SAINT LUCIE, FL 349861929

New Mailing Address:

FEI Number: 20-3945680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOVELL, GERALD J
129 SW CASHMERE BLVD.
PORT SAINT LUCIE, FL 349861929 US

Name and Address of New Registered Agent:

LOVELL, GERALD
129 SW CASHMERE BLVD.
PORT SAINT LUCIE, FL 349861929 US

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: GERALD LOVELL

01/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: LOVELL, GERALD J
Address: 129 SW CASHMERE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 349861929

Title: ST () Delete
Name: LOVELL, DEBRA W
Address: 5951 NW BRENDA CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 349863637

Title: CFO () Delete
Name: LOVELL, DEBRA W
Address: 5951 NW BRENDA CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 349863637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: LOVELL, GERALD PRES
Address: 129 SW CASHMERE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 349861929

Title: ST (X) Change () Addition
Name: LOVELL, DEBRA W EXVP
Address: 5951 NW BRENDA CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 349863637 US

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: GERALD LOVELL

PRES

01/05/2008

Electronic Signature of Signing Officer or Director

Date