## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000077561

Entity Name: BEYOND CUSTOM GUITARS, INC.

FILED Apr 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5215 NW EDGARTON TERRACE 5534 NW CLARK AVE

PORT SAINT LUCIE, FL 34983 PORT SAINT LUCIE, FL 34983

**Current Mailing Address: New Mailing Address:** 

5215 NW EDGARTON TERRACE 5534 NW CLARK AVE

PORT SAINT LUCIE, FL 34983 PORT SAINT LUCIE, FL 34983

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

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

MCKEE, CHRISTOPHER MCKEE, CHRISTOPHER 5215 NW EDGARTON TERRACE 5534 NW CLARK AVE

PORT SAINT LUCIE, FL 34983 PORT SAINT LUCIE, FL 34983 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: CHRISTOPHER I. MCKEE 04/01/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change ( ) Addition MCKEE, CHRISTOPHER MCKEE, CHRISTOPHER Name: Name: 5215 NW EDGARTON TERRACE 5534 NW CLARK AVE Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: PORT SAINT LUCIE, FL 34983

( ) Delete Title: Title: (X) Change ( ) Addition

Name: MCKEE, SHADOE Name: MCKEE, SHADOE 5215 NW EDGARTON TERRACE 5534 NW CLARK AVE Address: Address: PORT SAINT LUCIE, FL 34983 PORT SAINT LUCIE, FL 34983 City-St-Zip: 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: CHRISTOPHER I. MCKEE 04/01/2008 D