


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90080 032 ***150.00

DOCUMENT # P06000082331

1. Entity Name
CUSTOM WEB DESIGNS, INC.



Principal Place of Business
776 W DEVONHURST LN
ST AUGUSTINE, FL 32095 US

Mailing Address
776 W DEVONHURST LN
ST AUGUSTINE, FL 32095 US

40072519



2. Principal Place of Business - No P.O. Box #
776 W DEVONHURST LN

3. Mailing Address
776 W DEVONHURST LN

Suite, Apt. #, etc.

01132007 Chg-P CR2E034 (12/06)

City & State
PONTE VEDRA, FL

City & State
PONTE VEDRA, FL

Zip
32081

Country
ST. JOHNS

Country
ST. JOHNS

4. FEI Number
20-5054728

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FAYARD, MARC
776 W DEVONHURST LN
ST AUGUSTINE, FL 32095

7. Name and Address of New Registered Agent

Name
FAYARD, MARC

Street Address (P.O. Box Number is Not Acceptable)
776 W DEVONHURST LN

City
PONTE VEDRA

State
FL

Zip Code
32081

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 *Marc E. Fayard* DATE **4/18/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PVST FAYARD, MARC 776 W DEVONHURST LN ST AUGUSTINE, FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	} SAME AS BLOCK 10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PONTE VEDRA, FL 32081
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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 or without a power of attorney.

SIGNATURE: *Marc E. Fayard* DATE: **4/18/07** DAYTIME PHONE #: **904-759-8862**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #