


**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** **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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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