

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000082681

FILED
Oct 06, 2009
Secretary of State

Entity Name: CUSTOM CONTRACTING GROUP, INC.

Current Principal Place of Business:

1258 PINEY RD
FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 08058
FORT MYERS, FL 33908

New Mailing Address:

P.O. BOX 61855
FORT MYERS, FL 33906

FEI Number: 87-0774099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRESSANELLI, DONNA
12350 MGREGOR PALMS DR.
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

BRESSANELLI, DONNA
15224 BRIARCREST CIR
FORT MYERS, FL 33912 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: DONNA BRESSANELLI

10/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GRATKOWSKI, RONALD
Address: 12350 MGREGOR PALMS DR.
City-St-Zip: FORT MYERS, FL 33908

Title: DVST () Delete
Name: BRESSANELLI, DONNA
Address: 12350 MGREGOR PALMS DR.
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GRATKOWSKI, RONALD
Address: 15224 BRIARCREST CIR
City-St-Zip: FORT MYERS, FL 33912

Title: DVST (X) Change () Addition
Name: BRESSANELLI, DONNA
Address: 15224 BRIARCREST CIR
City-St-Zip: FORT MYERS, FL 33912

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: DONNA BRESSANELLI

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10/06/2009

Electronic Signature of Signing Officer or Director

Date