2008 FOR PROFIT CORPORATION ANNUAL REPORT

18. ...

FILED ... Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # P06000106324 1. Entity Name FULL HOUSE CUSTOMS, INC. Principal Place of Business Mailing Address 20 S. ARBOR DRIVE 20 S. ARBOR DRIVE ORMOND BEACH, FL: 32174 ORMOND BEACH, FL 32174 No Cha-P CR2E034 (11/05) 04122008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5376090 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HART, BARRY DO NOT WRITE 20 S. ARBOR DRIVE IN THIS SPACE ORMOND BEACH, FL 32174 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees <u> HOOOOO934494</u> OFFICERS AND DIRECTORS 10. P.T. TITLE HART, BARRY NAME 20 S. ARBOR DRIVE STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP N THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 reserver at trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment with

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AMÉ OF SIGNING OFFICER OR DIRECTOR