# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# P08000094288

**Entity Name:** CWD CUSTOM CONSTRUCTION, INC.

**Current Principal Place of Business:**

7933 GRAND BLVD
PORT RICHEY, FL 34668

**New Principal Place of Business:**

7940 U.S. HIGHWAY 19
PORT RICHEY, FL 34668 US

**Current Mailing Address:**

7933 GRAND BLVD
PORT RICHEY, FL 34668

**New Mailing Address:**

7940 U.S. HIGHWAY 19
PORT RICHEY, FL 34668 US

**FEI Number: 94-3447456** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LEGGIERE, ROBERT T
10801 ALICO PASS
NEW PORT RICHEY, FL 34655 US

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

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: _____
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: CRAWFORD, KARL D
Address: 10635 WOODLAND DRIVE
City-St-Zip: HUDSON, FL 34669

Title: V ( ) Delete
Name: LEGGIERE, ROBERT T
Address: 10801 ALICO PASS
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: CRAWFORD, KARL D
Address: 10635 WOODLAND DRIVE
City-St-Zip: HUDSON, FL 34669 US

Title: V (X) Change ( ) Addition
Name: LEGGIERE, ROBERT T
Address: 10801 ALICO PASS
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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: ROBERT T LEGGIERE VP 04/29/2009
Electronic Signature of Signing Officer or Director Date