## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000059754**

1. Entity Name

STREET ADDRESS City-St-Zip

Principal Place of Business

BENNETT'S CUSTOM DESIGNED ROOMS, INC.



1620 S BYRON BUTLER PARKWAY 162
PERRY, FL 32347 PER

Maining Address 1620 S BYRON BUTLER PARKWAY PERRY, FL 32347

## FILED Mar 03, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2338850 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, DEE A 1620 S BYRON BUTLER PARKWAY PERRY, FL 32347

## DO NOT WRITE IN THIS SPACE

				** *	
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and this if	appricable (NOTE Repristered Ag	ent signature	s raquired when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financin     Frust Fund Contribution,	9 🗆	\$5.00 May Be Added to Fees	000000455377 03/15/06 80054-013 150.00
TITLE NAME STREET ADDRESS CITY ST-ZIP	OFFICERS AND DIRECT PSTD BENNETT, DEL A 1119 N JEFFERSON ST PERRY, FL 32347	1			
INTLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, LEE L 1119 N JEFFERSON ST PERRY, FL 32347				
TITLE NAME SIRELI ADCRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME SIREET ADDRESS CITY ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 all other like empowered.

SIGNATURE: Melan Bennet DEE ANN BENNET

3-24-04

850-584-5213