

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000059754

1. Entity Name

BENNETT'S CUSTOM DESIGNED ROOMS, INC.



Principal Place of Business

**1620 S BYRON BUTLER PARKWAY
PERRY, FL 32347**

Mailing Address

**1620 S BYRON BUTLER PARKWAY
PERRY, FL 32347**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

000000588730
01/17/07-80085-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BENNETT, DEE A
STREET ADDRESS	1119 N JEFFERSON ST
CITY-ST-ZIP	PERRY, FL 32347
TITLE	D
NAME	BENNETT, LEE L
STREET ADDRESS	1119 N JEFFERSON ST
CITY-ST-ZIP	PERRY, FL 32347
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Dee A. Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/07

Date

Daytime Phone #