2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000059754

1. Entity Name
BENNETT'S CUSTOM DESIGNED ROOMS, INC.

Principal Place of Business	Mailing Address
1620 S BYRON BUTLER PARKWAY PERRY, FL 32347	1620 S BYRON BUTLER PARKWAY PERRY, FL 32347

02192008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
58-2338850	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

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000922260
05/15/08-80040-015 150.00

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	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Ann Bennett*   Dee Ann Bennett   04/21/08   850-584-5213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #