


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P99000034870 |  |
| 1. Entity Name CUSTOM CONSTRUCTION ASSOCIATES OF FLORIDA, INC. | |

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|---|---|
| Principal Place of Business 848 BALD EAGLE DR. MARCO ISLAND, FL 34145 | Mailing Address 848 BALD EAGLE DR. MARCO ISLAND, FL 34145 |
|---|---|

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3570415 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WOODWARD, CRAIG R 606 BALD EAGLE DRIVE SUITE 500 MARCO ISLAND, FL 34146 |
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**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LILLY, FLOYD E JR 2034 IMPERIAL CIR NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD LILLY, DONNA L 848 BALD EAGLE DR. MARCO ISLAND, FL 34145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LILLY, FLOYD E SR 848 BALD EAGLE DR. MARCO ISLAND, FL 34145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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07/05/05-80031-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: Donna L. Lilly - Donna L. Lilly 6/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #