## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P99000034870

City-St-Zip:

FILED Jul 11, 2009 Secretary of State

Entity Name: CUSTOM CONSTRUCTION ASSOCIATES OF FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 848 BALD EAGLE DR. MARCO ISLAND, FL 34145 **Current Mailing Address: New Mailing Address:** 848 BALD EAGLE DR. MARCO ISLAND, FL 34145 FEI Number: 59-3570415 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOODWARD, CRAIG R LILLY, FLOYD E SR 606 BALD EAGLE DRIVE 848 BALD EAGLE DRIVE US SUITE 500 MARCO ISLAND, FL 34146 MARCO ISLAND, FL 34146 US 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: FLOYD E. LILLY SR. 07/11/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition LILLY, FLOYD E JR LILLY, DONNA L Name: Name: 2034 IMPERIAL CIR 848 BALD EAGLE DRIVE Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: MARCO ISLAND, FL FL Title: PSD Title: () Change () Addition () Delete Name: LILLY, DONNA L Name: 848 BALD EAGLE DR. Address: Address: MARCO ISLAND, FL 34145 City-St-Zip: City-St-Zip: Title: VPD Title: ( ) Delete () Change () Addition LILLY, FLOYD E SR Name: Name: 848 BALD EAGLE DR. Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition LILLY, FLOYD E SR Name: Name: Address: Address: 848 BALD EAGLE DR

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.

City-St-Zip:

MARCO ISLAND, FL 34145

SIGNATURE: DONNA L. LILLY PSD 07/11/2009