

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90040 017 ***150.00

DOCUMENT # P99000097563

1. Entity Name
CUSTOM WALLS, INC.



Principal Place of Business
**1504 60TH ST. E
BRADENTON, FL 34208**

Mailing Address
**1504 60TH ST. E
BRADENTON, FL 34208**

2. Principal Place of Business - No P.O. Box #
6924 ALDERWOOD DR.

3. Mailing Address
6924 ALDERWOOD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA FLORIDA

City & State
SARASOTA FLORIDA

Zip

Country

Zip

Country

34243

U.S.A.

34243

U.S.A.

02082008

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0963108

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, JAMES C
1504 60TH ST. E.
BRADENTON, FL 34208**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **JOHNSON, JAMES**
STREET ADDRESS **1504 60TH ST E**
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE **VP** ☐ Delete
NAME **DAVIS, LONNIE**
STREET ADDRESS **6924 ALDERWOOD DR**
CITY-ST-ZIP **SARASOTO, FL 34203**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Lonnie Davis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/08/08

Date

941 650-9607

Daytime Phone #