

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000100016

1. Entity Name
DAMON CUSTOM STRUCTURES, INC.



Principal Place of Business
1085 BUSINESS LANE
SUITE 10
NAPLES, FL 34110 US

Mailing Address
1085 BUSINESS LANE
SUITE 10
NAPLES, FL 34110 US

**FILED
Mar 03, 2008 08:00 A
Secretary of State**



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3609426	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARFEL, DAMON
1085 BUSINESS LANE
SUITE 10
NAPLES, FL 34110

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

0000000845120
03/13/08-80026-017 150.00

10.

OFFICERS AND DIRECTORS

TITLE DP
NAME WARFEL, DAMON
STREET ADDRESS 18210 OLD PELICAN BAY DR.
CITY-ST-ZIP FT. MYERS BEACH, FL 33931

TITLE V
NAME WARFEL, NANETTE O
STREET ADDRESS 18210 OLD PELICAN BAY DR.
CITY-ST-ZIP FT. MYERS BEACH, FL 33931

TITLE
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.

N.O. WARFEL
SIGNATURE: *[Signature]*, as Vice Pres.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08

Date

239-592-7466

Daytime Phone #