

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V28854

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: CUSTOM CARRIAGES, INC.

## Current Principal Place of Business:

CUSTOM CARRIAGES, INC  
18754 E. COLONIAL DRIVE  
ORLANDO, FL 32820 US

## New Principal Place of Business:

## Current Mailing Address:

17051 JEAN ST  
UNIT #1  
FORT MYERS, FL 33967 US

## New Mailing Address:

FEI Number: 59-3119292      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWNELL, ROGER E  
17051 JEAN ST  
UNIT #1  
FORT MYERS, FL 33967 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: BROWNELL, ROGER  
Address: 15370 KILBIRNIE DR.  
City-St-Zip: FT. MYERS, FL 33912

Title: DV ( ) Delete  
Name: BROWNELL, JASON  
Address: 1367 COMMON WAY ROAD  
City-St-Zip: ORLANDO, FL 32814

Title: DSV ( ) Delete  
Name: BROWNELL, DIAN  
Address: 15370 KILBIRNIE DR  
City-St-Zip: FT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: BROWNELL, JASON  
Address: 1522 HANKS AVENUE  
City-St-Zip: ORLANDO, FL 32814

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ROGER E BROWNELL

DPT

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date