

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90022 008 \*\*\*158.75

**DOCUMENT # P93000027609**

1. Entity Name

CUSTOM WALL SYSTEMS, INC.



Principal Place of Business

~~1114 PERIVAL ST.  
FT. PIERCE FL 34982  
US~~

Mailing Address

~~715 UNDERWOOD COVE  
WAYNESVILLE NC 28786  
US~~

34021193



MOORE

CR2E034 (11/03)

2. Principal Place of Business

2281 SE MELALEUCA BLVD.

3. Mailing Address

132 KEYSTONE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FLORIDA

City & State

WAYNESVILLE, N.C.

Zip

34952

Country

USA

Zip

28786

Country

U.S.A.

4. FEI Number

65-0410315

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADDRESS CHANGE

UNTERREINER, MARK  
1114 PERIVAL ST.  
FT. PIERCE FL 34982

MARK UNTERREINER  
2281 S.E. MELALEUCA BLVD.  
PORT ST. LUCIE, FLA  
34952

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPVS	<input type="checkbox"/> Delete
NAME	UNTERREINER, MARK	new address
STREET ADDRESS	1114 PERIVAL ST.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERT SCARPATI		
STREET ADDRESS	2281 SE MELALEUCA BLVD		
CITY-ST-ZIP	PORT ST LUCIE, FL 34952		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	DIRECTOR - PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARK UNTERREINER		
STREET ADDRESS	2281 S.E. MELALEUCA BLVD		
CITY-ST-ZIP	PORT ST. LUCIE, FLORIDA 34952		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 all other like empowered.

**SIGNATURE:**

*MARK UNTERREINER*  
MARK UNTERREINER

1/22/04

Date

734-2054  
828-452-7892

Daytime Phone #