

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006298

FILED  
Jul 01, 2004  
Secretary of State

Entity Name: SHADE TREE CUSTOM PRODUCTS, INC

**Current Principal Place of Business:**

7931 SW 131 AVE  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

7931 SW 131 AVE  
MIAMI, FL 33183

**New Mailing Address:**

FEI Number: 04-3599719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THERIAULT, MARK E SR.  
7931 SW 131 AVE  
MIAMI, FL 33183 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THERIAULT, MARK E SR.  
Address: 7931 SW 131 AVE  
City-St-Zip: MIAMI, FL 33183

Title: S ( ) Delete  
Name: FLETCHER, MICHAEL ANDREW  
Address: 13743 SW 282 TERRACE  
City-St-Zip: HOMESTEAD, FL 33033

Title: V ( ) Delete  
Name: KEMPER, BARRY  
Address: 5505 WEST 13TH COURT  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK THERIAULT

P

07/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date