

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000058394

Entity Name: CUSTOM QUALITY MANUFACTURING, INC.**Current Principal Place of Business:**5015 TAMPA WEST BLVD
TAMPA, FL 33634**Current Mailing Address:**5015 TAMPA WEST BLVD
TAMPA, FL 33634 US**FEI Number:** 59-3388725**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MONTAMBAULT, LEON
5015 TAMPA WEST BLVD
TAMPA, FL 33634 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	MONTAMBAULT, LEON
Address	5015 TAMPA WEST BLVD
City-State-Zip:	TAMPA FL 33634

Title	TREASURER
Name	MASON, MICHELE M MRS
Address	5015 TAMPA WEST BLVD
City-State-Zip:	TAMPA FL 33634

Title	VP
Name	MONTAMBAULT, JOHN
Address	5015 TAMPA WEST BLVD
City-State-Zip:	TAMPA FL 33634

Title	SECRETARY
Name	ALONSO, DOLORES
Address	5015 TAMPA WEST BLVD
City-State-Zip:	TAMPA FL 33634

I hereby 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 all other like empowered.

SIGNATURE: MICHELE MASON**TREASURER****03/19/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date