

**2015 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:** No

**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:** LEON MONTAMBAULT

**PRESIDENT**

**02/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date