2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 405960

1. Entity Name
CUSTOM METAL DESIGNS, INC

Principal Place of Business	Mailing Address
921 W OAKLAND AVE OAKLAND, FL 34760 US	PO BOX 783037 WINTER GARDEN, FL 34778-3037 US

DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1410239

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMES,SAUL
880 TILDENVILLE SCHOOL ROAD
WINTER GARDEN, FL 34787

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	GRIMES, SAUL
STREET ADDRESS	880 TILDENVILLE SCHOOL ROAD
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	VPD
NAME	LEVINS, DAVID
STREET ADDRESS	402-C5 ORLANDO AVE.
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	STD
NAME	GRIMES, ANN
STREET ADDRESS	880 TILDENVILLE SCHOOL RD.
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	PD
NAME	GRIMES, STEVEN
STREET ADDRESS	464 FOREST HAVEN DR.
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/04-80056-003 150.00

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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: _____ 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #