

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

**DO NOT WRITE
IN THIS SPACE**

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**

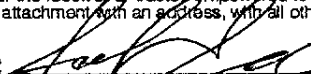
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB GRIMES, SAUL 880 TILDENVILLE SCHOOL ROAD WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEVINS, DAVID 402-C5 ORLANDO AVE. OCOE, FL 34781
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GRIMES, ANN 880 TILDENVILLE SCHOOL RD. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIMES, STEVEN 464 FOREST HAVEN DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

UN00000118344
04/19/04-80056-003 150.00

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 SIGNING OFFICER OR DIRECTOR Date Day's Phone #