

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 405960

FILED
Apr 18, 2005
Secretary of State

Entity Name: CUSTOM METAL DESIGNS, INC

Current Principal Place of Business:

921 W OAKLAND AVE
OAKLAND, FL 34760 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 783037
WINTER GARDEN, FL 347783037 US

New Mailing Address:

FEI Number: 59-1410239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: GRIMES, SAUL,
Address: 880 TILDENVILLE SCHOOL ROAD
City-St-Zip: WINTER GARDEN, FL

Title: VPD () Delete
Name: LEVINS, DAVID,
Address: 402-C5 ORLANDO AVE.
City-St-Zip: OCOEE, FL 34761

Title: STD () Delete
Name: GRIMES, ANN,
Address: 880 TILDENVILLE SCHOOL RD.
City-St-Zip: WINTER GARDEN, FL 34787

Title: PD () Delete
Name: GRIMES, STEVEN
Address: 464 FOREST HAVEN DR.
City-St-Zip: WINTER GARDEN, FL 34787

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:

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: SAUL GRIMES

COB

04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date