

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004714
 1. Entity Name
CUSTOM FABRICATING & REPAIR INC.



Principal Place of Business 1932 E. 26TH ST MARSHFIELD, WI 54449	Mailing Address PO BOX 296 MARSHFIELD, WI 54449
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02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1557927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES INC
 526 E PARK AVE
 TALLAHASSEE, FL 32301

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 _____ DATE _____
Signature, typed 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

000000071390
 03/01/04-80069-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ISENBERG, STEVE PO BOX 253 MARSHFIELD, WI 54449
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS ISENBERG, DAWN PO BOX 253 MARSHFIELD, WI 54449
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ISENBERG, DAWN PO BOX 253 MARSHFIELD, WI 54449
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 02/20/04 80020 007 150.00

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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 %e empowered.

SIGNATURE: X *Dawn Isenberg* Dawn Isenberg X 226-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #