2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-12-2004 90671 017 ***150.00

DOCUMENT # F98000003463

1. Entity Name
THE CUSTOM COMPONENTS CO. OF CONNECTICUT

Principal Place of Business	Mailing Address
13902 LYNMAR BLVD TAMPA, FL 33626	P.O. BOX 1769 OLDSMAR, FL 34677-1769

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1062149

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLAIR, JAMES R
~~301 S. MEARS BLVD.~~ ~~PO Box 1769~~
~~OLDSMAR, FL 34677~~ 13902 LYNMAR BLVD.
TAMPA, FL 33626

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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: JBlair JAMES R. BLAIR 4/7/04
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	CP
NAME	BLAIR, JAMES R
STREET ADDRESS	445 FORREST PARK RD.
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	ELLSWORTH, JAMES
STREET ADDRESS	257 SADDLE RIDGE RD
CITY-ST-ZIP	EDWARDS, CO 81632
TITLE	D
NAME	HALT, RALPH M
STREET ADDRESS	3579 LANDMARK TRL
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: JBlair JAMES R. BLAIR 4/7/04 813-854-5074
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR Date Daytime Phone #