2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 01, 2004
Secretary of State

DOCUMENT# F98000003463

Entity Name: THE CUSTOM COMPONENTS CO. OF CONNECTICUT

Current Principal Place of Business:

13902 LYNMAR BLVD
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1769
OLDSMAR, FL 346771769

New Mailing Address:

FEI Number: 06-1062149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAIR, JAMES R
13902 LYNMAR BLVD
TAMPA, FL 33626 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: CP ( ) Delete
Name: BLAIR, JAMES R
Address: 445 FORREST PARK RD.
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: ELLSWORTH, JAMES
Address: 257 SADDLE RIDGE RD
City-St-Zip: EDWARDS, CO 81632

Title: D ( ) Delete
Name: HALT, RALPH M
Address: 3579 LANDMARK TRL
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: PETERSON, FRANK M
Address: 2708 GOLF LAKE DR.
City-St-Zip: PLANT CITY, FL 33566

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: JAMES R BLAIR CP 10/01/2004

Electronic Signature of Signing Officer or Director — Date