

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003463

FILED  
Apr 12, 2005  
Secretary of State

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:

PETERSON, FRANK M  
13902 LYNMAR BLVD  
TAMPA, FL 33626 US

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: FRANK M. PETERSON

04/12/2005

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: PETERSON, FRANK M  
Address: 1290 GULF BLVD UNIT 1206  
City-St-Zip: CLEARWATER, FL 33767

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: FRANK M PETERSON

CP

04/12/2005

Electronic Signature of Signing Officer or Director

Date