

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H58370

1. Entity Name
CUSTOM WOOD DESIGNS OF PENSACOLA, INC.



Principal Place of Business
3335 ADDISON DR.
PENSACOLA, FL 32514 US

Mailing Address
3335 ADDISON DR.
PENSACOLA, FL 32514 US

DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2537504	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

HILL, LARRY
220 WEST GARDEN STREET
SUITE 801
PENSACOLA, FL 32501

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consenting)

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 PD
NAME SNYDER, DAVID R.
STREET ADDRESS 3335 ADDISON DRIVE
CITY-ST-ZIP PENSACOLA, FL

TITLE VD
NAME SNYDER, SUSAN S.
STREET ADDRESS 3335 ADDISON DRIVE
CITY-ST-ZIP PENSACOLA, FL

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1000000092550
03/19/04-80013-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David R. Snyder **DAVID R. SNYDER** 3/15/04 850 4769663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #