

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J32536**

**1. Entity Name**  
**FLORIDA CUSTOM FABRICATORS, INC.**



**Principal Place of Business**  
**% R.W. LASITTER JR.**  
**809 NORTH CENTRAL AVE.**  
**KISSIMMEE, FL 34741**

**Mailing Address**  
**809 N CENTRAL AVE**  
**KISSIMMEE, FL 34741-027 US**

**DO NOT WRITE IN THIS SPACE**



04152004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**59-2712419**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**LASITTER, RONALD W., JR.**  
**809 N. CENTRAL AVE.**  
**KISSIMMEE, FL 34741**

**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**

*R.W. Lasitter Jr.*  
Signature typed or printed name of registered agent and file if applicable

Signature of registered agent signature required when re-registering

**DATE**

**4/29/04**

**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** DP  
**NAME** LASITTER, RONALD W. JR.  
**STREET ADDRESS** P O BOX 420624 N/A  
**CITY ST ZIP** KISSIMMEE, FL 347420624

**TITLE**  
**NAME**  
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04152004  
59-2712419-000 150.00

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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)(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:**

*R.W. Lasitter Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/04**

Date of Filing