## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** DOCUMENT # L21973 Sep 03, 2008 08:00 AM Secretary of State 1. Entity Name CUSTOM METAL SPECIALTIES, INC. Principal Place of Business Mailing Address 3921 69TH AVE NO. 3921 69TH AVE NO. PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 DO NOT WRITE IN THIS SPACE 08292008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3021943 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required DO NO WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent SILVERSTEIN, MURRAY B 150 SECOND AVENUE NORTH SUITE 900 IN THIS SPACE ST. PETERSBURG, FL 33701 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be U00000958826 09/03/08-80004-013 550:00 DO NOT WRITE IN THIS SPACE Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS TITLE SCHLAGER, CURT A. NAME STREET ADDRESS 1416 49TH AVE. NE CITY - ST - 7/P SAINT PETERSBURG, FL 33703 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 withyan address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Davime Phone #