

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90010 007 ***158.75

DOCUMENT # M52930

1. Entity Name
AMERICAN CUSTOM DESIGN, CORP.



Principal Place of Business
**3841 SW JANIGA ST.
PORT ST. LUCIE, FL 34953**

Mailing Address
**3841 SW JANIGA ST.
PORT ST. LUCIE, FL 34953**



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0002822

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAMKINS, DAVID A.
3841 SW JANIGA ST.
PORT ST. LUCIE, FL 34953**

**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 reinstating)

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 D
NAME ANDREASEN, B.G.
STREET ADDRESS 3601 SW ROSSER BLVD. **1455 90TH AVE. A-18**
CITY-ST-ZIP PORT ST. LUCIE, FL **VERO BEACH, FL, 32966**

TITLE D
NAME TAMKINS, DAVID A.
STREET ADDRESS 3841 SW JANIGA ST.
CITY-ST-ZIP PORT ST. LUCIE, FL

TITLE D
NAME TAMKINS, THOMAS
STREET ADDRESS 3841 SW JANIGA ST.
CITY-ST-ZIP PORT ST. LUCIE, FL

TITLE D
NAME TAMKINS, RICHIE
STREET ADDRESS 3621 SW ROSSER BLVD
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID A. TAMKINS 02/04/04 772-336-5052