



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90102 010 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # P00000098620 | | | |  | |
| 1. Entity Name CUSTOM WOODWORKS, INC. | | | | | |
| Principal Place of Business 1038 N ORANGE AVE SARASOTA, FL 34236 | | | Mailing Address 5900 S. TAMiami TRAIL SUITE I SARASOTA, FL 34231 | | |
| 2. Principal Place of Business <i>1848 GILLESPIE AVE</i> | | 3. Mailing Address <i>1848 GILLESPIE AVE</i> | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02032004 Chg-P CR2E034 (10/03) | |
| City & State <i>SARASOTA FL</i> | | City & State <i>SARASOTA FL</i> | | 4. FEI Number 65-1046680 | |
| Zip <i>34234</i> | | Country <i>US</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TRACY, CATHERINE L 5900 S. TAMiami TRAIL SUITE I SARASOTA, FL 34231 | | | 7. Name and Address of New Registered Agent Name <i>ROBERT MARINO</i> Street Address (P.O. Box Number is Not Acceptable) <i>1848 GILLESPIE AVE</i> City <i>SARASOTA</i> FL <i>34234</i> | | |
| 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 <i>Robert Marino</i> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST MARINO, ROBERT 1038 N ORANGE AVE SARASOTA, FL 34231 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST MARINO, ROBERT 1848 GILLESPIE Avenue SARASOTA FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SB Deanna Williams 795 Plymouth St. Sarasota, FL 34242 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Robert Marino</i> | | | Date <i>9-41-906-9577</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |