

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90062 032 \*\*\*150.00

94053015



03302004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3695121 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # P01000003210**  
1. Entity Name  
CUSTOM INNOVATIONS, INC.



Principal Place of Business  
-1301 SW 23RD PLACE  
OCALA, FL 34474

Mailing Address  
P.O. BOX 160  
OCALA, FL 34478

2. Principal Place of Business  
1931 N. MAGNOLIA AVE  
Suite, Apt. #, etc.

3. Mailing Address  
3969 NE 67TH TERRACE  
Suite, Apt. #, etc.

City & State  
OCALA, FLORIDA

City & State  
SILVER SPRINGS, FL

Zip 34475 Country MARION

Zip 34488 Country MARION

8. Name and Address of Current Registered Agent  
GIBSON, BOBBY L  
1301 SW 23RD PLACE  
OCALA, FL 34474

7. Name and Address of New Registered Agent  
Name Gibson Bobby L  
Street Address (P.O. Box Number is Not Acceptable)  
3969 N.E. 67TH TERRACE  
City SILVER SPRINGS FL Zip Code 34488

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: *Bobby Gibson* Bobby Gibson 4-10-04  
(NOTE: Registered Agent signature required when re-instating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, BOBBY L 1301 SW 23RD PLACE OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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"/> Add
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"/> Add
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"/> Add
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"/> Add

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Bobby Gibson* Bobby Gibson PRES

(NOTE: Signature and typed or printed name of signing officer or director)