


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90110 031 \*\*\*150.00

<b>DOCUMENT # P01000023911</b>	
1. Entity Name <b>CUSTOM MOULDING, INC.</b>	

Principal Place of Business <b>9362 RUPTIS PINS BLVD. SEMINOLE, FL 33776</b>	Mailing Address <b>9362 RUPTIS PINS BLVD. SEMINOLE, FL 33776</b>
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2. Principal Place of Business <b>10544-75th ST N.</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LARGO FLORIDA</b>	City & State <b>FLORIDA</b>
Zip <b>33777</b>	Country
Zip <b>33777</b>	Country



04122004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3704466</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent <b>DELGADO, DEBORAH N 9161 134TH PLACE, UNIT C LARGO, FL 33773</b>	
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7. Name and Address of New Registered Agent <b>DEBORAH DELGADO</b> Street Address (P.O. Box Number is Not Acceptable) <b>9362 - RUSTIC PINES BLVD.</b> City <b>SEMINOLE</b> FL <b>33776</b>	
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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 <b>Deborah Delgado</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>4-12-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DELGADO, DEBORAH 9362 RUSTIC PINES BLVD SEMINOLE, FL 33776</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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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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

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 <b>Deborah Delgado / DEBORAH DELGADO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4-12-04</b> Daytime Phone # <b>727-410-3032</b>