


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90012 022 ***150.00

DOCUMENT # P01000100523 1. Entity Name A & B CUSTOM TEES, INC.	
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Principal Place of Business 8201 SOUTH TAMiami TRAIL SARASOTA, FL 34238	Mailing Address 8201 SOUTH TAMiami TRAIL SARASOTA, FL 34238
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54022079



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1151000	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEE, STEPHEN 4220 CENTRAL SARASOTA PARKWAY, #1227 SARASOTA, FL 34238 5545 NOVARA PL. SARASOTA, FL 34238	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, STEPHEN 4220 CENTRAL SARASOTA PARKWAY, #1227 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, STEPHEN 5545 NOVARA PL. SARASOTA, FL 34238
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 # _____