2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000112027 1. Entity Name 03-09-2004 90015 008 ***150.00 CUSTOM GETAWAYS INC. Principal Place of Business Mailing Address 2505 E. LK HARTRIDGE DR P.O. BOX 9082 りまいんひりりょ WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33883-9082 2. Principal Place of Business 3. Mailing Address AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 03052004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For WINTER 23-0002229 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S. A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOSTIC, CAROL Street Address (P.O. Box Number is Not Acceptable) **187 AVE D NW** WINTER HAVEN, FL 33881 Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TREASURER / VICE PRESIDENT | Change TITLE ☐ Delete TITLE NAME TARDY, CHRISTOPHER NAME GERALDINE TARDY SSOS EAST LAKE HARTRIDGE DR STREET ADDRESS 2505 E LAKE HARDTRIDGE DR STREET ADDRESS CITY-ST-7IP WINTER HAVEN, FL 33881 CITY-ST-ZIP WINTER HAUEN 33881 TITLE ☐ Defete DILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP 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: _

FILED

Mar 09, 2004 8:00 am