

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90046 013 \*\*\*150.00

**DOCUMENT # P02000001182**

1. Entity Name  
**KUSTOM KASTLES, INC.**



Principal Place of Business

**717 E OAK ST  
KISSIMMEE, FL 34744**

Mailing Address

**717 E OAK ST  
KISSIMMEE, FL 34744**

**50030465**



03112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**26-0008030**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SWART, HARRY J CPA  
717 E OAK ST  
KISSIMMEE, FL 34744**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MICHAEL, ROBERT W
STREET ADDRESS	2123 NW 82ND CT
CITY-ST-ZIP	KANSAS CITY, MO 64151
TITLE	VPSD
NAME	MICHAEL, JUDY L
STREET ADDRESS	2123 NW 82ND CT.
CITY-ST-ZIP	KANSAS CITY, MO 64151
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 #