

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000021353

FILED
Apr 27, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA CUSTOM INTERIORS, INC.

Current Principal Place of Business:

13707 SE 49TH AVENUE
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

13707 SE 49TH AVENUE
SUMMERFIELD, FL 34491

New Mailing Address:

FEI Number: 04-3607262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTMAN, CLARK DELROY
13707 SE 49TH AVENUE
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

ARTMAN, CLARK D IV
13707 SE 49TH AVENUE
SUMMERFIELD, FL 34491 US

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.

SIGNATURE: CLARK D ARTMAN IV

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARTMAN, CLARK DELROY
Address: 13707 SE 49TH AVENUE
City-St-Zip: SUMMERFIELD, FL 34491

Title: D (X) Delete
Name: WOODS, JOSEPH JARRETT
Address: 5179 SE HWY 42
City-St-Zip: SUMMERFIELD, FL 34491

Title: D (X) Delete
Name: MASI, ALLEN JOSEPH
Address: 5179 SE HWY 42
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARTMAN, CLARK D IV
Address: 13707 SE 49TH AVENUE
City-St-Zip: SUMMERFIELD, FL 34491

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARK D. ARTMAN IV

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date