


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 31, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P02000035842</b> 1. Entity Name CUSTOM CANVAS STRUCTURES, INC.	
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Principal Place of Business 1709 W. LEMON ST. TAMPA, FL 33606	Mailing Address 1709 W. LEMON ST. TAMPA, FL 33606
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**DO NOT WRITE IN THIS SPACE**



07272007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0642846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HOLZBERGER, GEORGE R  
4712 MULLINS RD  
TAMPA, FL 33614

**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 \_\_\_\_\_ DATE 07/31/07-80007-014 150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLZBERGER, GEORGE R 4712 MULLINS ROAD TAMPA, FL 33614
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] **7-27-07 813-251-1115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #