

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90239 029 ***158.75

DOCUMENT # P02000061765
 1. Entity Name
 CUSTOM DESIGNED TRUSS CO.



Principal Place of Business
 777 SW 12TH AVE
 1
 POMPANO BEACH, FL 33069

Mailing Address
 PO BOX 10405
 POMPANO BEACH, FL 33061



2. Principal Place of Business
 777 SW 12th Avenue

3. Mailing Address
 777 SW 12th Avenue

Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State
 Pompano Beach

City & State
 Pompano Beach

Zip
 33069

Country
 Broward

Zip
 33069

Country
 Broward

4. FEI Number
 30-0083119

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, CHRIS
 777 SW 12TH AVE
 SUN TRUST TOWE, 9 FLR
 PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name
 Smith, Chris

Street Address (P.O. Box Number is Not Acceptable)
 777 SW 12th Avenue

City
 Pompano Beach

FL

Zip Code
 33069

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: / Chris Smith

DATE: 4-21-04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUTLOVA, IVA 1170 NASSAU ST DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kutlova, IVA 777 SW 12th Ave., Pompano Beach, FL 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Chris Smith, President 4-21-04 (954) 986-8800 x. 14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #