

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90655 008 ***150.00

DOCUMENT # P02000106238

1. Entity Name
CUSTOM DOOR & IRON WORKS, INC.



Principal Place of Business
1920 WEST BAY DR., STE. #5
LARGO, FL 33770

Mailing Address
1920 WEST BAY DR., STE. #5
LARGO, FL 33770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004

Chg-P

CR2E034 (10/03)

4. FEI Number

51-0429852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, SMITTY
3802 EHRLICH RD., STE. 210
TAMPA, FL 33624

Name **DANIEL F. MURRAY, III**

Street Address (P.O. Box Number is Not Acceptable)

1920 WEST BAY DRIVE, #5

City **LARGO**

FL

Zip Code **33770**

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, 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 **P** ☐ Delete
NAME **SZYMANSKI, RAYMOND C**
STREET ADDRESS **3802 EHRLICH RD., STE. 210**
CITY- ST- ZIP **TAMPA, FL 33624**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SZYMANSKI, RAYMOND C.**
STREET ADDRESS **1836 INDIAN ROCKS ROAD S**
CITY- ST- ZIP **LARGO, FL 33774** ☐ Change ☐ Addition

TITLE **S** ☐ Delete
NAME **MURRAY, DANIEL F III**
STREET ADDRESS **1920 W. BAY DR., #5**
CITY- ST- ZIP **LARGO, FL 33770**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04

(727) 584-3900