



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90069 010 ***150.00

DOCUMENT # P02000113214 1. Entity Name CUSTOM ADIRONDAKS, INC.																													
Principal Place of Business 605 PROSPERITY LAKE DR ST AUGUSTINE, FL 32092			Mailing Address 605 PROSPERITY LAKE DR ST AUGUSTINE, FL 32092																										
2. Principal Place of Business 628 Remington Ct Suite, Apt. #, etc. n/a		3. Mailing Address 628 Remington Court. Suite, Apt. #, etc. n/a																											
City & State St. Augustine, FL Zip 32092		City & State St. Augustine, FL Zip 32092		4. FEI Number 56-2300700																									
Country St. Johns		Country St. Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CAUGHEY, PAUL 605 PROSPERITY LAKE DR ST AUGUSTINE, FL 32092				7. Name and Address of New Registered Agent Name Caughy, Paul Street Address (P.O. Box Number is Not Acceptable) 628 Remington Court City St. Augustine FL Zip Code 32092																									
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 <u><i>Paul Caughy</i></u> 4-15-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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: <u><i>Paul Caughy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-15-04</u> Daytime Phone # <u>8392 904-392-8392</u>																									