

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130799

FILED
Apr 30, 2004
Secretary of State

Entity Name: G & S CUSTOM CREATIONS, INC.

Current Principal Place of Business:

4489 ALADIN AVE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

4489 ALADIN AVE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 13-4227005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEO, SALVATORE
4489 ALADIN AVE
NORTH PORT, FL 34287

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PROFITA, TIFFANY
Address: 5421 SAN LUIS TER
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: FEO, SALVATORE
Address: 4489 ALADIN AVE
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: GREGOIRE, GERARD
Address: 4489 ALADIN AVE
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: FEO, DAVID
Address: 4489 ALADIN AVE
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SALVATORE FEO

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date