


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-26-2004 90417 046 \*\*\*158.75  
P03000033188

DOCUMENT # P03000033188	
1. Entity Name CUSTOM INTERIOR'S BY MICHELLE, INC.	

FILED

04 JUL -7 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE 940637051A

Principal Place of Business 8050 LOMBRA AVENUE NORTH PORT, FL 34287	Mailing Address 8050 LOMBRA AVENUE NORTH PORT, FL 34287
---------------------------------------------------------------------------	---------------------------------------------------------------



2. Principal Place of Business 1009 Campbell St Suite, Apt. #, etc.	3. Mailing Address 1009 Campbell St Suite, Apt. #, etc.
---------------------------------------------------------------------------	---------------------------------------------------------------

01062004 Chg-P CR2E034 (10/03)

City & State Pt. Charlotte, FL	City & State Pt. Charlotte, FL
Zip 33953	Country USA

4. FEI Number 05-0560002	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CEGLEDI, MICHELLE L 8050 LOMBRA AVENUE NORTH PORT, FL 34287	
----------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent	
Name Michelle L. Cegledi	
Street Address (P.O. Box Number is Not Acceptable) 1009 Campbell St.	
City Port Charlotte	FL Zip Code 33953

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 Michelle L. Cegledi michelle L. Cegledi 1-6-04  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required on this statement) DATE

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
-----------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-	
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
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
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
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
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
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: Michelle L. Cegledi michelle L. Cegledi 1-6-04 941-276-8585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Custom Interior's by Michelle, Inc.  
1009 Campbell Street  
Port Charlotte, Florida 33953  
941-276-8585

July 2, 2004

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

RE: Notice of Intent to Dissolve Postcard

To Whom It May Concern:

I received a postcard in the mail today of Notice of Intent to Dissolve. I wanted to write in to tell you I mailed you a check in the amount of \$158.75 and the paperwork in on April 22, 2004. About 4 weeks ago I received a letter and my paperwork back saying I did not fill in the name of the officer. However, you kept my payment. I filled out the officer's name and address and sent it back the following day. Like I said earlier, this was about 4 weeks ago, up until today I have been expecting my official paperwork back in which I paid the extra \$8.75 for and instead I received this postcard instead. Please look into this matter for me. I am the only officer of the company which I am trying to start up. Michelle L. Cegledi, 1009 Campbell Street, Port Charlotte, FL 33953.

Any questions, please call me at the above phone number.

Kindest personal regards,



Michelle L. Cegledi  
Owner/Officer