

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000033188**

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



Principal Place of Business  
1009 CAMPBELL ST  
PORT CHARLOTTE, FL 33953 US

Mailing Address  
1009 CAMPBELL ST  
PORT CHARLOTTE, FL 33953 US



04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0560002

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CEGLEDI, MICHELLE L  
1009 CAMPBELL ST  
PORT CHARLOTTE, FL 33953

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
OO  
CEGLEDI, MICHELLE  
1009 CAMPBELL ST  
PORT CHARLOTTE, FL 33953

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000294220  
04/08/05-80060-012 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 Cegledi* **Signature and typed or printed name of signing officer or director** **Date** 4-6-05 **Daytime Phone #** 941-276-8585