

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000039051

1. Entity Name
ONE STOP CUSTOM SHOP INC.



Principal Place of Business
105 S DESOTO ST
BEVERLY HILLS, FL 34465

Mailing Address
105 S DESOTO ST
BEVERLY HILLS, FL 34465

2. Principal Place of Business
6518 SW 52 Ave

Suite, Apt. #, etc.

3. Mailing Address
6518 SW 52 Ave

Suite, Apt. #, etc.

City & State
GAINESVILLE FL

Zip 32608 Country USA

City & State
GAINESVILLE FL

Zip 32608 Country USA

6. Name and Address of Current Registered Agent

VENDUR, GARY S II
105 S DESOTO ST
BEVERLY HILLS, FL 34465

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6518 SW 52 Ave

City Gainesville FL Zip Code 32608

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)

01-22-04

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 PVD
NAME VENDUR, GARY S II
STREET ADDRESS 105 S DESOTO ST
CITY-ST-ZIP BEVERLY HILLS, FL 34465

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE STD
NAME NICKLAS, KERRY ANN
STREET ADDRESS 105 S DESOTO ST
CITY-ST-ZIP BEVERLY HILLS, FL 34465

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-04 (352) 374-2029
Date Daytime Phone #

**FILED
Jan 28, 2004 8:00 am
Secretary of State**

01-28-2004 90009 024 ***158.75

94005577



01232004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0043318	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required