
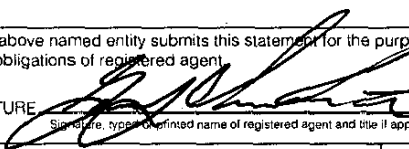
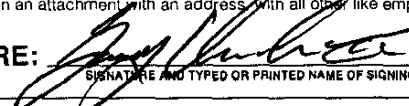


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-28-2004 90009 024 \*\*\*158.75

<b>DOCUMENT # P03000039051</b> 1. Entity Name <b>ONE STOP CUSTOM SHOP INC.</b>					
Principal Place of Business <b>105 S DESOTO ST BEVERLY HILLS, FL 34465</b>			Mailing Address <b>105 S DESOTO ST BEVERLY HILLS, FL 34465</b>		
2. Principal Place of Business <b>6518 SW 52 Ave</b>			3. Mailing Address <b>6518 SW 52 Ave</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>GAINESVILLE FL</b>			City & State <b>GAINESVILLE FL</b>		
Zip <b>32608</b>		Country <b>USA</b>		4. FEI Number <b>20-0043318</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>VENDUR, GARY S II 105 S DESOTO ST BEVERLY HILLS, FL 34465</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6518 SW 52 Ave</b> City <b>GAINESVILLE FL</b> Zip Code <b>32608</b>		
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  DATE <b>01-22-04</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD VENDUR, GARY S II 105 S DESOTO ST BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NICKLAS, KERRY ANN 105 S DESOTO ST BEVERLY HILLS, FL 34465	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  DATE <b>01-22-04</b> (352) 374-2029 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**94005577**



01232004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

DATE

Date Daytime Phone #