

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-24-2004 90001 043 ***150.00

DOCUMENT # P03000043572 1. Entity Name CARTOUCHE CUSTOM CONSULTING, INC.			
Principal Place of Business 3536 UNIVERSITY BLVD N STE 200 JACKSONVILLE, FL 32277		Mailing Address 3536 UNIVERSITY BLVD N STE 200 JACKSONVILLE, FL 32277	
2. Principal Place of Business 138 Palm Coast Pkwy NE Suite, Apt. #, etc. Suite 338		3. Mailing Address Suite, Apt. #, etc. <i>same</i>	
City & State PALM COAST, FL		City & State <i>same</i>	
Zip 32137	Country U.S.	Zip 32137	Country U.S.
4. FEI Number 11-3684476		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASH, MARGUERITE 3739 HASLETT DR E JACKSONVILLE, FL 32277		7. Name and Address of New Registered Agent Name CASH, MARGUERITE Street Address (P.O. Box Number is Not Acceptable) 138 PALM COAST PKWY NE Suite 338 City Palm Coast FL Zip Code 32137	
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 <i>Marguerite Cash</i> MARGUERITE CASH DATE 8/29/2004 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: <i>Marguerite Cash</i> MARGUERITE CASH <small>(Signature and typed or printed name of signing officer or director)</small>		Date 8/29/2004 (904) 477-1465 <small>Daytime Phone #</small>	

54073407



03182003

Chg-P

CR2E034 (10/03)

Attachment

#P636000042572

54073407

9/14/04

To whom it concerns,

Due to hurricanes Charley and Francis we have been without electricity for three (3) of the past four (4) weeks. I have been unable to print down my printer the enclosed form.

When I printed the form the date shows Sept. 8th as the "file by" date. Please advise if additional charges apply.

Sincerely,

Marguerite Cash - COATONCHE CUSTOM CONSULTING

(904) 8477 1465

138 Palm Coast Pkwy NE

#338

Palm Coast, FL 32137