2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
03-22-2004 90047 010 ***150.00

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1. Entity Name
CUSTOM SPECIALTIES, VTA, INC.

Principal Place of Business	Mailing Address
4410 N. W STREET PENSACOLA, FL 32505	4410 N. W STREET PENSACOLA, FL 32505

03132004

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0481421 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOODWARD, ANTHONY G ESQUIRE 2024 W. CLEVELAND STREET TAMPA, FL 33606	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P,VP WOODWARD, LARRY L 4410 N. W STREET PENSACOLA, FL 32505	☐		☐ ☐
S,T WOODWARD, LARRY L 4410 N. W STREET PENSACOLA, FL 32505	☐		☐ ☐
D WOODWARD, LARRY L 4410 N. W STREET PENSACOLA, FL 32505	☐		☐ ☐
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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: Anthony G. Woodward 3-17-04 850-432-1437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #