

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P03000130069

1. Entity Name

CUSTOM TRIM BY LESLEY, INC.



**FILED  
Aug 16, 2004 8:00 am  
Secretary of State**

08-16-2004 90018 033 \*\*\*158.75

Principal Place of Business  
1830 W 30 STREET  
PANAMA CITY FL 32405

Mailing Address

1830 W 30 STREET  
PANAMA CITY FL 32405

2. Principal Place of Business  
*1830 W. 30th Street*

3. Mailing Address

*1830 w 30th Street*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*Panama City, FL*

City & State  
*Panama City, FL*

Zip  
*32405* Country  
*USA*

Zip  
*32405* Country  
*USA*

6. Name and Address of Current Registered Agent

MCDANIEL, LESLEY  
1830 W 30 STREET  
PANAMA CITY FL 32405

Name

*Lesley McDaniel*

Street Address (P.O. Box Number is Not Acceptable)

*1830 W 30th Street*

City

*Panama City*

FL Zip Code  
*32405*

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)

DATE

*Lesley McDaniel*  
8-10-04

FILE NOW!!! FEE IS \$550.00  
DUE BY September 8, 2004  
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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 NAME STREET ADDRESS CITY-ST-ZIP	P MCDANIEL, LESLEY 1830 W. 30TH ST. PANAMA CITY FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDANIEL, CHRISTINE 1830 W. 30TH ST. PANAMA CITY FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Lesley McDaniel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8-10-04 850)596-0384*