

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90252 013 ***150.00

DOCUMENT # P03000144322 1. Entity Name CUSTOM COLORS, INC.					
Principal Place of Business 6236 SWEETWATER DRIVE W. LAKELAND, FL 33811			Mailing Address 6236 SWEETWATER DRIVE W. LAKELAND, FL 33811		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 5574 Suite, Apt. #, etc.			
City & State		City & State LAKELAND FL		4. FEI Number 20-0463300	
Zip 33801	Country USA	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNSIDES, EVERETT A JR. 6236 SWEETWATER DRIVE W. LAKELAND, FL 33811			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>Everett A Burnside</i></u> DATE <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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME CORBITT, PHILLIP A		TITLE 	NAME 	
STREET ADDRESS 6236 SWEETWATER DRIVE W.	CITY-ST-ZIP LAKELAND, FL 33811		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME BURNSIDES, EVERETT A		TITLE 	NAME 	
STREET ADDRESS 750 FAIRWAY AVENUE	CITY-ST-ZIP LAKELAND, FL 338012435		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: <u><i>Phillip Corbitt</i></u>			PHILLIP CORBITT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/29/04</u> Daytime Phone #: <u>863-608-4037</u>		