


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90194 010 ***158.75

DOCUMENT # P03000149379

1. Entity Name
FLORIDA CUSTOM MILLWORK, INC.



Principal Place of Business
**2944 SOUTH ST.
 FORT MYERS, FL 33916**

Mailing Address
**3723 LIBERTY SQUARE
 FORT MYERS, FL 33908**

2. Principal Place of Business
2944 SOUTH ST.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 101577
 Suite, Apt. #, etc.



04172005 Chg-P CR2E034 (10/03)

City & State
FT. MYERS, FL

City & State
CAPE CORAL, FL

Zip
33916

Zip
33910

Country
LEE

Country
LEE

4. FEI Number
20-0472126

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~HUBBARD, STEVEN W ESQ.~~
~~2320 FIRST STREET, SUITE 1000~~
~~FORT MYERS, FL 33901-2904~~

MICHAEL P. WEBSTER

7. Name and Address of New Registered Agent

Name
MICHAEL P. WEBSTER

Street Address (P.O. Box Number is Not Acceptable)
4021 S.W. 15TH PL

City
CAPE CORAL

FL Zip Code
33914

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 **MICHAEL P. WEBSTER** DATE **4-25-05**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PLATE, ANDREW 1428 SW 49TH TERR CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FABRY, TODD 3723 LIBERTY SQUARE FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T WEBSTER, MICHAEL 4021 SW 15TH PLACE CAPE CORAL, FL 33914 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MICHAEL P. WEBSTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4021 S.W. 15TH PL CAPE CORAL, FL 33914
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"/> Change <input type="checkbox"/> Addition
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:  DATE **4-25-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #