

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90053 003 \*\*\*150.00

**DOCUMENT # P03000152415**

1. Entity Name

J.S. CUSTOM WOOD WORK, INC.



Principal Place of Business

1255 BELLE AVE  
# 153  
WINTER SPRINGS FL 32708

Mailing Address

1255 BELLE AVE  
# 153  
WINTER SPRINGS FL 32708

**54029148**



MOORE CR2E034 (11/03)

2. Principal Place of Business

1255 Belle AV.

Suite, Apt. #, etc.

# 153

City & State

WINTER Springs

Zip

32708

Country

U.S.A.

3. Mailing Address

1255 Belle AV

Suite, Apt. #, etc.

# 153

City & State

WINTER Springs

Zip

32708

Country

U.S.A.

4. FEI Number

200527658

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILVA, JORGE  
1255 BELLE AVE  
# 153  
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

JORGE SILVA

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

1255 Belle AV., #153

WINTER Springs

City

FL

Zip Code

32708

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)

3-25-04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME SILVA, JORGE  
STREET ADDRESS 1255 BELLE AVE, # 153  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-04

Date

4076971877

Daytime Phone #