


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90466 034 ***150.00

DOCUMENT # P03000153577					
1. Entity Name OSVALDO GONZALEZ CUSTOM INSTALLATIONS, INC.					
Principal Place of Business 845 COUNTRY CROSSING CT. KISSIMMEE FL 34744			Mailing Address 845 COUNTRY CROSSING CT. KISSIMMEE FL 34744		
2. Principal Place of Business 854 COUNTRY CROSSING CT Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 452172 Suite, Apt. #, etc.			
City & State KISSIMMEE FL Zip 34744 Country		City & State KISSIMMEE FL 34745 Zip 34745 Country		4. FEI Number <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GONZALEZ, OSVALDO T 845 COUNTRY CROSSING CT. KISSIMMEE FL 34744			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME GONZALEZ, OSVALDO T STREET ADDRESS P. O. BOX 452172 CITY-ST-ZIP KISSIMMEE FL 34745	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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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: <u>Osvaldo T Gonzalez</u> OSVALDO T GONZALEZ <u>04/20/04 (407) 460-1522</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					