

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90011 001 ***150.00

DOCUMENT # P03000157216

1. Entity Name
CUSTOM HOME SERVICES BY E. D. R. INC.



Principal Place of Business
3340 CYPRESS TRAILS DRIVE
POLK CITY, FL 33868

Mailing Address
3340 CYPRESS TRAILS DRIVE
POLK CITY, FL 33868

54037435



03292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
3340 Cypress TRAILS
Suite, Apt. #, etc

3. Mailing Address
3340 Cypress TRAILS
Suite, Apt. #, etc

City & State
POLK CITY FL
Zip 33868 County POLK

City & State
POLK CITY FL
Zip 33868 County POLK

4. FEI Number
34-1989735
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, DIANE
3340 CYPRESS TRAILS DRIVE
POLK CITY, FL 33868

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, DIANE	
STREET ADDRESS	3340 CYPRESS TRAILS	
CITY-ST-ZIP	POLK CITY, FL 33868	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, EDWIN L JR.	
STREET ADDRESS	3340 CYPRESS TRAILS DRIVE	
CITY-ST-ZIP	POLK CITY, FL 33868	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KLINGENBECK, RICHARD	
STREET ADDRESS	1804 MOOSE DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DIANE SMITH 4-13-04 863-984-0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #