


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90577 018 ***158.75

DOCUMENT # P04000042009 1. Entity Name S & N CUSTOM DESIGNS, INC.					
Principal Place of Business 5503 BAJA TERRACE GREENACRES, FL 33463 US			Mailing Address 5503 BAJA TERRACE GREENACRES, FL 33463 US		
2. Principal Place of Business 4585 Emerald Vista Suite, Apt. #, etc. G 342		3. Mailing Address 4585 Emerald Vista Suite, Apt. #, etc. G 342			
City & State Lake Worth FL		City & State Lake Worth FL		4. FEI Number 20-0972939	
Zip 33461		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSH, NORVAL L 5503 BAJA TERRACE GREENACRES, FL 33463				7. Name and Address of New Registered Agent Name MARSH, NORVAL L Street Address (P.O. Box Number is Not Acceptable) 4585 Emerald Vista G 342 City Lake Worth FL Zip Code 33461	
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>Norval Marsh</i></u> NORVAL L. MARSH, Pres. 3-21-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 MARSH, NORVAL L STREET ADDRESS 5503 BAJA TERRACE CITY-ST-ZIP GREENACRES, FL 33463	<input checked="" type="checkbox"/> Delete		TITLE T NAME MONNERLAW, CHERI STREET ADDRESS 2209 MITCHELL RD CITY-ST-ZIP WILMINGTON, OH 45777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME MARSH, SHIRLEY M STREET ADDRESS 5503 BAJA TERRACE CITY-ST-ZIP GREENACRES, FL 33463	<input checked="" type="checkbox"/> Delete		TITLE P NAME MARSH, NORVAL L STREET ADDRESS 4585 EMERALD VISTA, G-342 CITY-ST-ZIP LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GLENN, MELODY A STREET ADDRESS 5812 S. 160TH ST CITY-ST-ZIP OMAHA, NE 68135	<input type="checkbox"/> Delete		TITLE VP NAME MARSH, SHIRLEY M STREET ADDRESS 4585 EMERALD VISTA, G-342 CITY-ST-ZIP LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: <u><i>Norval Marsh</i></u> Norval L. Marsh President 3-21-05 (561) 596-6820 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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