

205 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90010 029 ***150.00

DOCUMENT # P04000059839

1. Entity Name
**CUSTOM AUTO SECURITY & SOUND OF CENTRAL
FLORIDA, INC.**



Principal Place of Business

Mailing Address

**1325 BACA AVE NW
PALM BAY, FL 32907**

**1325 BACA AVE NW
PALM BAY, FL 32907**

**465
Bougainvillea**

2. Principal Place of Business

3. Mailing Address

2677 W. New Haven

Suite, Apt. #, etc.

City & State

City & State

W MEIRB FL

Zip
32904

Country
USA

Zip

Country

02092005

Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SCHROEDER, EDWARD B

**465 Bougainvillea St
PALM BAY, FL 32907**

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, 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
**D
SCHROEDER, EDWARD B
1325 BACA AVE NW 465 Bougainvillea St.
PALM BAY, FL 32907**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY - ST - ZIP

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☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD B. SCHROEDER

3.12.05

Date

Daytime Phone #

(321)

722-1177