

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066625

FILED
Feb 02, 2005
Secretary of State

Entity Name: CUSTOM BUILT GARAGES ENTERPRISES, INC.

Current Principal Place of Business:

20295 LORENZO AVE.
PORT CHARLOTTE, FL 339523860

New Principal Place of Business:

132 REVERE ST. N. W.
PORT CHARLOTTE, FL 33952

Current Mailing Address:

20295 LORENZO AVE.
PORT CHARLOTTE, FL 339523860

New Mailing Address:

132 REVERE ST. N. W.
PORT CHARLOTTE, FL 33952

FEI Number: 61-1462135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, JESS L
20295 LORENZO AVE.
PORT CHARLOTTE, FL 339523860 US

Name and Address of New Registered Agent:

DAVIDSON, JESS L
132 REVERE ST. N. W.
PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE:

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIDSON, JESS L
Address: 20295 LORENZO AVE.
City-St-Zip: PORT CHARLOTTE, FL 339523860

Title: ST () Delete
Name: DAVIDSON, CONNIE T
Address: 20295 LORENZO AVE.
City-St-Zip: PORT CHARLOTTE, FL 339523860

Title: VP () Delete
Name: DAVIDSON, WENDI S
Address: 22486 BLANCHARD AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIDSON, JESS L
Address: 132 REVERE ST. N. W.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ST (X) Change () Addition
Name: DAVIDSON, CONNIE T
Address: 132 REVERE ST. N. W.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP (X) Change () Addition
Name: DAVIDSON, WENDI S
Address: 20295 LORENZO AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESS L. DAVIDSON

PD

02/02/2005

Electronic Signature of Signing Officer or Director

Date