


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000073762	
1. Entity Name CUSTOM MARINE ALUMINUM, INC.	

Principal Place of Business 12232 DORIS ROAD PARRISH, FL 34219	Mailing Address 12232 DORIS ROAD PARRISH, FL 34219
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1316370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LUNDY, JEFF
12232 DORIS ROAD
PARRISH, FL 34219**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PTD LUNDY, JEFF 12232 DORIS ROAD PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUNDY, MELINDA 12232 DORIS ROAD PARRISH, FL 34219
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jeff Lundy **JEFF LUNDY** 4/29/06 **941-776-1377**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #