

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90027 046 ***158.75

50006905



01182005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1344134** Applied For
Not Applicable

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

DOCUMENT # P04000099889

1. Entity Name
CUSTOM-MADE FITNESS & CONSULTING, INC.



Principal Place of Business
**914 N LAKEWOOD TERR
PORT ORANGE, FL 32127**

Mailing Address
**914 N LAKEWOOD TERR
PORT ORANGE, FL 32127**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 291941
Suite, Apt. #, etc.

City & State
Port Orange, FL

City & State
Port Orange, FL

Zip
32129-1941 Country
U.S.A.

6. Name and Address of Current Registered Agent

**JASPER, EDWARD L
914 N LAKEWOOD TERR
PORT ORANGE, FL 32127**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JASPER, EDWARD L 914 N LAKEWOOD TERR PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **1-24-05** **(386)846-5743**
Signature and typed or printed name of signing officer or director Date Daytime Phone #