

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90297 050 \*\*\*150.00

**DOCUMENT # P04000138266**

1. Entity Name  
**CUSTOM SPRAYDECK & RESTORATION INC**



Principal Place of Business  
**219 JOHNS AVE  
LEHIGH ACRES, FL 33972 US**

Mailing Address  
**2419 EAST MALL DRIVE  
FORT MYERS, FL 33901 US**

**66024511**



2. Principal Place of Business  
**13800 Waterbury Court**

3. Mailing Address

Suite, Apt. #, etc.  
**# 201**

Suite, Apt. #, etc.

04202005 Chg-P CR2E034 (10/03)

City & State  
**Ft Myers, Florida**

City & State

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applicable

Zip  
**33919**

Country  
**Lee**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLEOD, RODERICK D  
2419 EAST MALL DRIVE  
FORT MYERS, FL 33901**

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  
GLIDDEN, GARY  
219 JOHNS AVE  
LEHIGH ACRES, FL 33972** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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: x Gary Glidden**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #