

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000124361

1. Entity Name
CUSTOM SHOWER & BATH PRODUCTS,
INCORPORATED



Principal Place of Business
1969 SOUTH ALAFAYA TRAIL
#331
ORLANDO, FL 32828

Mailing Address
1969 SOUTH ALAFAYA TRAIL
#331
ORLANDO, FL 32828

FILED
Apr 26, 2007 08:00 AM
Secretary of State



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3457453

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WINKLEMAN, ELAYNE A
13515 BRISTLECONE CIRCLE
ORLANDO, FL 32828

**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 _____

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, 2007 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
P
WINKLEMAN, ELAYNE H
13515 BRISTLECONE CIRCLE
ORLANDO, FL 32828

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
WINKELMAN, ELAYNE H
13515 BRISTLE ONE CIR
ORLANDO, FL 32828

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80065-012 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elayne A. Winkelman, As President*