2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004
Secretary of State

DOCUMENT# P94000010079

Entity Name: CUSTOMIZED STRUCTURES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

851 E LAKEVIEW DR.
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

851 E LAKEVIEW DR.
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 65-0416555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALVATORI, LEO J
4501 TAMIAMI TRAIL N
SUITE 300
NAPLES, FL 339403060 US

Name and Address of New Registered Agent:

CHOUINARD, JAMES A CPA
9541 CYPRESS LAKE DRIVE
SUITE 5
FORT MYERS, FL 33919 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: JAMES A. CHOUINARD 02/20/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAIMAN, LAWRENCE E.
Address: 851 E LAKEVIEW DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP ( ) Delete
Name: WINFIELD, CLAY O.
Address: 849 7TH AVE SOUTH
City-St-Zip: NAPLES, FL 33942

Title: ST ( ) Delete
Name: WINFIELD, JOHN
Address: 849 7TH AVE SOUTH
City-St-Zip: NAPLES, FL 33942

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LAWRENCE E. HAIMAN P 02/20/2004
Electronic Signature of Signing Officer or Director Date