

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000027507**

1. Entity Name  
**CUSTOM MARINE CANVAS, INC.**



Principal Place of Business  
**900 4TH ST W  
PALMETTO, FL 34221**

Mailing Address  
**900 4TH ST W  
PALMETTO, FL 34221**



04162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0486068**

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

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**

**MCGUIRE AND PARRY, P.A.  
1001 THIRD AVE W 600  
BRADENTON, FL 34205**

**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, 2008 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

05/06/08-80087-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **ABRUZZINO, REBECCA**  
STREET ADDRESS **8315 29TH ST E**  
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE **VP**  
NAME **ABRUZZINO, FRANK R**  
STREET ADDRESS **3122 6TH AVE WEST**  
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**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: Rebecca A. Abruzzino  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08  
Date

941-776-1133  
Daytime Phone #

Rebecca A. Abruzzino