## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P94000057659**

1. Entity Name CUSTOM POSTER WORKS, INC.



FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

5518 MICHELL AVENUE ORLANDO, FL 32810 US

5764 N.O.B.T. #115 ORLANDO, FL 32810 US



04292008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3267025

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGER, MARLENE S 5518 MICHELL AVENUE ORLANDO, FL 32810

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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 Squature, typed or printed name of registered agent and title if approable (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees	000000941238 05/28/08-80038-019 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGER, ROBERT S 5518 MICHELLE AVENUE ORLANDO, FL 32810				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURGER, MARLENE S 5518 MICHELLE AVENUE ORLANDO, FL 32810				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
FITLE NAME STREET ADDRESS CITY-ST-ZIP		:			
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 attactore of the corporation of the corp

SIGNATURE:

DEMAPORE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

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