

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90070 012 \*\*\*150.00

**DOCUMENT # P94000063364**

1. Entity Name  
PARK AVENUE CUSTOM DESIGNS, INC.



Principal Place of Business

6001 JOHNS ROAD, #247  
TAMPA, FL 33634

6702 Benjamin Rd Suite 300

Mailing Address

6001 JOHNS ROAD, #247  
TAMPA, FL 33634

6702 Benjamin Rd Suite 300

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3261559

Applied For  
Not Applicable

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

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

GOBES, GEORGE F  
6819 MITCHELL CIRCLE  
TAMPA, FL 33634

**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

*George F. Gobes* *George F. Gobes president*

*1/26/05*

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**

TITLE P  
NAME GOBES, GEORGE F  
STREET ADDRESS 6001 JOHN ROAD, #247  
CITY-ST-ZIP TAMPA, FL 33634  
*6702 Mitchell Circle*

TITLE V  
NAME KERR GOBES, REBECCA L  
STREET ADDRESS 6819 MITCHELL CIR  
CITY-ST-ZIP TAMPA, FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*George F. Gobes* *George F. Gobes*

*1/26/05* *813.884.9440*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #