

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000053780

1. Entity Name
CUSTOM TAGS & TEE'S, INC.



Principal Place of Business
4125 CLEVELAND AVENUE
BOX #122
FORT MYERS, FL 33901

Mailing Address
7910 TWIN EAGLE LANE
FORT MYERS, FL 33912

FILED
Jan 18, 2005 08:00 AM
Secretary of State

Dept. OF STATE



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0680301

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRADFORD, LESLIE
7910 TWIN EAGLE LANE
FT. MYERS, FL 33912

**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, 2005 Fee will be \$650.00

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
D
BRADFORD, LESLIE J
7910 TWIN EAGLE LANE
FT. MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LESLIE, CLIFFORD B
17421 MEADOW LAKE CIRCLE
FT. MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

100000183558
01/19/05-80072-016 150.00

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: *Bradford J. Leslie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradford J. Leslie

Date

1/13/05

Daytime Phone #