

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000025819

1. Entity Name  
CUSTOM ACCESSORY DEPOT, INC.



Principal Place of Business  
4685 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32811

Mailing Address  
4685 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32811



**DO NOT WRITE IN THIS SPACE**

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3438940

Applied For  
Not Applicable

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

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

FINKBEINER, FRANK  
108 EAST HILLCREST STREET  
ORLANDO, FL 32807

**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 rechartering)

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 PRES  
NAME VAN WINKLE, CATHERINE  
STREET ADDRESS 4209 WINDING MOSS TRAIL, APT #206  
CITY-ST-ZIP TAMPA, FL 33613

TITLE SEC  
NAME GUTIERREZ, DELVIA  
STREET ADDRESS 603 DANIELS ST  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE TREA  
NAME GUTIERREZ, DELVIA  
STREET ADDRESS 603 DANIELS ST  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000359641  
05/05/05-80001-007 150.00

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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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Philip Van Winkle*

4/29/05

407-844-0099