2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 20, 2006 8:00 am
Secretary of State
05-15-2006 90042 005 ****55.00
06-20-2006 90013 024 ****95.00

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1. Entity Name
CUSTOM ACCESSORY DEPOT, INC.

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

DO NOT WRITE IN THIS SPACE

03222006 No Chg-P CR2E034 (11/05)

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 32801

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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 Frank Finkbeiner 4-25-06
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, 2006 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	

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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: 4-25-06 407-299-0299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #