

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/31/2004-90008-007-\$150.00-\$150.00

DOCUMENT # P97000031092

1. Entity Name
CD. CUSTOM INTERIOR TRIM, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00



MOORE CR2E034 (4/04)

FILE NUMBER
65-0745376

Applied For
Not Applicable

Principal Place of Business
**16141 E AQUADUCT DR
LOXAHATCHEE FL 33470
US**

Mailing Address
**16141 E AQUADUCT DR
LOXAHATCHEE FL 33470
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Zip

Country
Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICHOLS, L. WESLEY
11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS FL 33410**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 _____ DATE _____
Signature: typed or printed name of registered agent and his or her address. (NOTE: Registered Agent signature required when filing during)

FILE NOW!!! FEE IS \$550.00
DOE BY September 8, 2004
Make Check Payable to Florida Department of State

\$607.193(2)(b), F.S., allows for the waiver of the \$-100.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$160.00 ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME ENTRY, CHAD	TITLE President	NAME Dentry, Chad
STREET ADDRESS 16141 E. AQUADU CT.	STREET ADDRESS 16141 E aquaduct Dr	STREET ADDRESS	STREET ADDRESS
CITY- ST- ZIP LOXAHATCHEE FL 33470	CITY- ST- ZIP Lox. Fl. 33470	CITY- ST- ZIP	CITY- ST- ZIP
☐ Delete	☐ Change ☐ Addition	☐ Delete	☐ Change ☐ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Chad Dentry (owner) 2004-07-27 2004-07-27
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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MICHAEL J. McGOEY CPA, INC.

639 EAST OCEAN AVENUE, SUITE 101

BOYNTON BEACH, FL 33435

(561) 734-8599

Fax (561) 734-8544

mjmgoey@aol.com

October 21st, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

RE: CD CUSTOMS INTERIOR TRIM INC #P97000031092

Dear Sir/Madam:

On behalf of the above taxpayer and client, we are asking that the additional monies of \$400.00 be abated due to the fact that the original reminder was never received by the taxpayer.

Thanking you in advance for your prompt attention to this matter, if there are any further questions please feel free to contact this office.

Sincerely,



-Michael J McGoe CPA-