2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P98000001330**

1. Entity Name

CUSTOM DESIGN ALUMINUM, INC.

Principal Place of Business

Mailing Address

2462 LAFAYETTE STREET FORT MYERS, FL 33901 2462 LAFAYETTE STREET FORT MYERS, FL 33901

## FILED Jul 07, 2006 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0804504 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all-other like empowered.

FESSLER, ELDRED 2462 LAFAYETTE STREET FORT MYERS, FL 33901

## DO NOT WRITE IN THIS SPACE

the above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of riolida. Tanh annual with, and accept the obligations of registered agent.  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  Due by September 6, 2006  9. Election Campaign Final Trust Fund Contribution				\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND DIRECTORS						
THTLE NAME STREET ADDRESS CITY-ST-ZIP	VP FESSLER, CRAIG S 2462 LAFAYETTE STREET FORT MYERS, FL 33901				U00000568344		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FESSLER, ELDRED 2462 LAFAYETTE STREET FORT MYERS, FL 33901				07/07/06-80005-001 150.00		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	S GORDON, RAY 2462 LAFAYETTE STREET FORT MYERS, FL 33901			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE Name Street Address City-St-Zip							
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							