FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000039238

1. Entity Name
CUSTOM PRO-FIT, INC.

Principal Place of Business	Mailing Address
1991 EAST TAMIAMI TRAIL NAPLES, FL 34112	POST OFFICE BOX 2465 NAPLES, FL 34106

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0863049
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEBRE, HAROLD J ESQ
4001 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103

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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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000148745
05/03/04-80157-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAYNE, RONNIE L
STREET ADDRESS	4201 FOWLER STREET
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	TAYLOR, ROBERT M
STREET ADDRESS	5665 N. AIRPORT ROAD
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	P
NAME	TOZZI, ROBERT
STREET ADDRESS	9090 PITTSBURGH BLVD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	V
NAME	NETTLES, RODNEY
STREET ADDRESS	1096 29TH AVENUE NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	S
NAME	TAYLOR, SANDRA A
STREET ADDRESS	3505 GIN LANE
CITY-ST-ZIP	NAPLES, FL 34102
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 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: Robert J. Tozzi President Robert J. Tozzi 4-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DESIGNATED OFFICER OR DIRECTOR — DATE — Daytime Phone #