

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000039238

Entity Name: CUSTOM PRO-FIT, INC.

FILED
Sep 08, 2005
Secretary of State

Current Principal Place of Business:

1991 EAST TAMIAMI TRAIL
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2465
NAPLES, FL 34106

New Mailing Address:

FEI Number: 65-0863049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAYNE, RONNIE L
Address: 4201 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: TAYLOR, ROBERT M
Address: 5665 N. AIRPORT ROAD
City-St-Zip: NAPLES, FL 34109

Title: P () Delete
Name: TOZZI, ROBERT
Address: 9090 PITTSBURGH BLVD
City-St-Zip: FORT MYERS, FL 33912

Title: V () Delete
Name: NETTLES, RODNEY
Address: 1096 29TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: TAYLOR, SANDRA A
Address: 3505 GIN LANE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. TOZZI

P

09/08/2005

Electronic Signature of Signing Officer or Director

_____ Date