

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90224 038 ***150.00

DOCUMENT # P98000054618

1. Entity Name
CUSTOM PUBLICATIONS OF TAMPA BAY, INC.



Principal Place of Business
10 S. KEYSTONE DRIVE
CLEARWATER, FL 33755

Mailing Address
411 CLEVELAND STREET, #268
CLEARWATER, FL 33755

00000813

2. Principal Place of Business

3. Mailing Address

10 S. Keystone Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005

Chg-P

CR2E034 (10/03)

City & State

City & State

Clearwater, FL

4. FEI Number

58-1970874

Applied For

Not Applicable

Zip

Country

Zip

Country

33755

Pinellas

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

HALVERSON, WILLIAM B
411 CLEVELAND STREET, #268
CLEARWATER, FL 33755

Name
William B. Halverson

Street Address (P.O. Box Number is Not Acceptable)

10 S. Keystone Drive

City
Clearwater

FL

Zip Code
33755

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 *William B. Halverson*
Signature, typed or printed name of registered agent and title if applicable.

William B. Halverson, President

4-26-05

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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
NAME
P
HALVERSON, WILLIAM B
STREET ADDRESS
411 CLEVELAND STREET, #268
CITY-ST-ZIP
CLEARWATER, FL 33755 ☐ Delete

TITLE
NAME
P
Halverson, William B.
STREET ADDRESS
10 S. Keystone Drive
CITY-ST-ZIP
Clearwater, FL 33755 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *William B. Halverson*

William B. Halverson

Date

Daytime Phone #

727-643-7658