



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90462 024 ***150.00

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|---|---|---|--|---|--|
| DOCUMENT # P98000069711 1. Entity Name CUSTOM CORRUGATED, INC. | | | |  | |
| Principal Place of Business 2300 TAMiami TRAIL #12 PORT CHARLOTTE, FL 33952 US | | | Mailing Address P.O. BOX 380755 PORT CHARLOTTE, FL 33938-0755 US | | |
| 2. Principal Place of Business 2083 Broad Ranch Dr Suite, Apt. #, etc. | | 3. Mailing Address Same Suite, Apt. #, etc. | |  | |
| City & State Pt. Charlotte FL | | City & State Same | | 4. FEI Number 59-3528569 | |
| Zip 33948 | | Country Charlotte | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent POLLARD, DONNA J 2083 BROAD RANCH DRIVE PORT CHARLOTTE, FL 33948 | | | 7. Name and Address of New Registered Agent Name Same 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 <u><i>Donna J. Pollard</i></u> DATE <u><i>4/25/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P POLLARD, DONNA J 2083 BROAD RANCH DRIVE PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S POLLARD, RON 2083 BROAD RANCH DRIVE PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <u><i>Donna J. Pollard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u><i>4/25/05</i></u> Daytime Phone # | | |