

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000071885

1. Entity Name  
CUSTOM LASER, INC.



Principal Place of Business  
612 N RIDGEWOOD AVE  
EDGEWATER, FL 32132

Mailing Address  
612 N RIDGEWOOD AVE  
EDGEWATER, FL 32132

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3555141

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MESSINA, RICHARD J  
612 I N RIDGEWOOD AVE  
EDGEWATER, FL 32132

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000171762

09/08/04-80004-013 550.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MESSINA, ANTHONY A  
612-I N RIDGEWOOD AVE  
EDGEWATER, FL 32132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.J. Messina

9-7-04

386-423-7305

Date

Daytime Phone #