
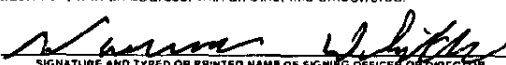
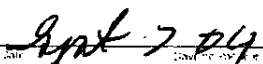


**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90005 016 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P99000075848</b>		
1. Entity Name <b>CUSTOM RESCREENS, INC.</b>		
Principal Place of Business <b>357 6TH AVENUE WEST BRADENTON, FL 34203</b>		Mailing Address <b>2309 36TH AVE E PALMETTO, FL 34221</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WHITLOW, NORMAN 357 6TH AVENUE WEST BRADENTON, FL 34203</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>By signing, hand or printed name of registered agent and true signature, (PROFESSIONALIZED SIGNATURE REQUIRED WHEN CHANGING)</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	DP WHITLOW, NORMAN A 2309 36TH AVE. E. PALMETTO, FL 34221	
TITLE NAME STREET ADDRESS CITY ST ZIP		
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TITLE NAME STREET ADDRESS CITY ST ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

**54072485**



09072004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0942500** Applied For Not Applicable.  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**