

sent By: American Accounting Service; 941-747-9292;

Apr

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May 03, 2005 8:00 am
Secretary of State

05-03-2005 90144 050 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000075848

1. Entity Name
CUSTOM RESCREENS, INC.



Principal Place of Business
357 6TH AVENUE WEST
BRADENTON, FL 34203

Mailing Address
2309 36TH AVE E
PALMETTO, FL 34221

50047101



2. Principal Place of Business

3. Mailing Address

04292005 Chg-P CR2E034 (10/03)

4. FFI Number
65-0942500

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITLOW, NORMAN
357 6TH AVENUE WEST
BRADENTON, FL 34203

7. Name and Address of New Registered Agent

Name
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 _____ (NOTE: Registered Agent signature required when appointing) 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

TITLE DP
NAME WHITLOW, NORMAN A
STREET ADDRESS 2309 36TH AVE E
CITY, ST, ZIP PALMETTO, FL 34221 ☐ Delete

TITLE T
NAME WHITLOW, EDWARD A
STREET ADDRESS 5866 DEER HOLLOW LANE EAST
CITY, ST, ZIP SARASOTA, FL 34232 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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, changed, or on an attachment with an address, with all other like endorsements.

SIGNATURE

[Signature]

4-29-05