## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092202

LONGWOOD, FL 32750

Entity Name: DESIGN CUSTOM MILLWORK, INC.

Apr 27, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1650 FOREST AVENUE 776 BENNETT DRIVE SUITE 100

SUITE 121

LONGWOOD, FL 32750

**New Mailing Address: Current Mailing Address:** 

1650 FOREST AVENUE 776 BENNETT DRIVE

SUITE 121 SUITE 100 LONGWOOD, FL 32750

LONGWOOD, FL 32750

FEI Number: 59-3601882 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARRISON, MICHAEL J BLACKBURN, JAMES R 575 QUEENSBRIDGE DRIVE 360 LAKE SEMINARY CIRCLE MAITLAND, FL 32751 LAKE MARY, FL 32746

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.

SIGNATURE: JAMES R BLACKBURN 04/27/2004

> Electronic Signature of Registered Agent Date

> > Title:

Election Campaign Financing Trust Fund Contribution ( ).

() Delete

## **OFFICERS AND DIRECTORS:**

VΡ

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Title: ( ) Delete Title: (X) Change ( ) Addition HARRISON, MICHAEL J BLACKBURN, JAMES R Name: Name: 360 LAKE SEMINARY CIRCLE 575 QUEENSBRIDGE DRIVE Address: Address: City-St-Zip:

MAITLAND, FL 32750 City-St-Zip: LAKE MARY, FL 32746

BLACKBURN, JAMES R BRASHEARS, GLORIA Name: Name: 575 QUEENSBRIDGE DRIVE Address: 575 QUEENSBRIDGE DRIVE Address: LAKE MARY, FL 32746 LAKE MARY, FL 32746 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: JAMES R BLACKBURN 04/27/2004