


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90255 010 ***150.00

DOCUMENT # S02691
 1. Entity Name
CUSTOM MICRO DESIGN, INC.



Principal Place of Business
**1044 GODFREY AVENUE
 SPRING HILL, FL 34609**

Mailing Address
**1044 GODFREY AVENUE
 SPRING HILL, FL 34609**

24058253

2. Principal Place of Business
3102 AMBASSADOR AVE
 Suite, Apt. #, etc.

3. Mailing Address
3102 AMBASSADOR AVE
 Suite, Apt. #, etc.



03312004 Chg-P CR2E034 (10/03)

City & State
SPRING HILL FL

City & State
SPRING HILL FL

Zip
34609 Country
USA

Zip
34609 Country
USA

4. FEI Number
59-3029474

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DEPETRILLO, RALPH
 1044 GODFREY AVENUE
 SPRING HILL, FL 34609**

7. Name and Address of New Registered Agent

Name
RALPH DEPETRILLO

Street Address (P.O. Box Number is Not Acceptable)
3102 AMBASSADOR AVE

City
SPRING HILL FL Zip Code
34609

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 Ralph Depetrillo, RALPH DEPETRILLO, PRESIDENT DATE 4/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEPETRILLO, RALPH 1044 GODFREY AVENUE SPRING HILL, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DEPETRILLO, RALPH 1044 GODFREY AVE SPRING HILL, FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RALPH DEPETRILLO 3102 AMBASSADOR AVE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RALPH DEPETRILLO 3102 AMBASSADOR AVE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph Depetrillo, RALPH DEPETRILLO DATE 4/26/04 DAYTIME PHONE # 352 628-8391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #