

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90296 004 ***150.00

DOCUMENT # S69944

1. Entity Name

CUSTOM MONUMENTS, INC.



Principal Place of Business

1088 B US 92 WEST
AUBURNDALE FL 33823

Mailing Address

1088 B US 92 WEST
AUBURNDALE FL 33823

J4UJJJ01

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3815 U.S. 98 SOUTH

Suite, Apt. #, etc.

City & State

LAKE LAND FL

Zip

33813

Country

US

4. FEI Number

59-3077364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, FREDERICK J., JR.
245 S. CENTRAL AVE
SECOND FLOOR
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name

WILLIAM M. MINOZZI

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

3815 US 98 SOUTH

City

LAKE LAND

FL

Zip Code

33813

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
DPV
MINOZZI, WILLIAM M.
5524 SCOTTVIEW LANE
LAKE LAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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MINOZZI, WILLIAM M.
5524 SCOTTVIEW LANE
LAKE LAND FL 33813 ☐ Delete

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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

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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:

William M. Minozzi WILLIAM M. MINOZZI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

Date

4/17/04 836651526

Daytime Phone #