

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004767

FILED  
Apr 08, 2010  
Secretary of State

**Entity Name:** CUSTOMIZED TRUCKING SERVICES, INC.

**Current Principal Place of Business:**

9487 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

9487 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 27-1418106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DCOB  
**Name:** CROWLEY, THOMAS B JR.  
**Address:** 555 12TH STREET, SUITE 2130  
**City-St-Zip:** OAKLAND, CA 94607

**Title:** D  
**Name:** PENNELLA, WILLIAM A  
**Address:** 555 12TH STREET, SUITE 2130  
**City-St-Zip:** OAKLAND, CA 94607

**Title:** DP  
**Name:** COLLAR, STEVE  
**Address:** 9487 REGENCY SQUARE BLVD.  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** VT  
**Name:** WARNER, DANIEL  
**Address:** 9487 REGENCY SQUARE BLVD.  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** AT  
**Name:** SMITH, BRYAN  
**Address:** 9487 REGENCY SQUARE BLVD.  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** AT  
**Name:** SALLAH, MOMODOU  
**Address:** 9487 REGENCY SQUARE BLVD.  
**City-St-Zip:** JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

**SIGNATURE:** BRUCE LOVE

SEC

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date