

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # G09599 1. Entity Name CUSTOM COMPUTER SYSTEMS/SOFTWARE, INC.	
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Principal Place of Business % PAUL E. STEPHENS, JR. 3307 LITTLE JOE COURT APOPKA, FL 32712	Mailing Address % PAUL E. STEPHENS, JR. 3307 LITTLE JOE COURT APOPKA, FL 32712
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2238409	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

STEPHENS, PAUL E., JR.
3307 LITTLE JOE COURT
APOPKA, FL 32712

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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 reinstating) 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEPHENS, PAUL E JR 3307 LITTLE JOE CT APOPKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STEPHENS, SIGNE M. 3307 LITTLE JOE CT. APOPKA, FL
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04/11/05-80035-014 150.00

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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)(f), 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: Paul E Stephens Jr PAUL E STEPHENS JR 4-5-05 4078893552

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