## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000036266

**Current Principal Place of Business:** 

Entity Name: DOUGLAS E. CUSTER, P.A.

Name and Address of Current Registered Agent:

FILED Feb 15, 2012 Secretary of State

2049 TIMUCUA TRAIL NOKOMIS, FL 34275 US

Current Mailing Address: New Mailing Address:

2049 TIMUCUA TRAIL NOKOMIS, FL 34275 US

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

**New Principal Place of Business:** 

Name and Address of New Registered Agent:

CUSTER, DOUGLAS E 2049 TIMUCUA TRAIL

NOKOMIS, FL 34275 US

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

## **OFFICERS AND DIRECTORS:**

Title:

Name: CUSTER, DOUGLAS E Address: 2049 TIMUCUA TRAIL City-St-Zip: NOKOMIS, FL 34275 US

Title: S

Name: CUSTER, DOUGLAS E CUSTER
Address: 2049 TIMUCUA TRAIL
City-St-Zip: NOKOMIS, FL 34275 US

Title:

Name: CUSTER, DOUGLAS E Address: 2049 TIMUCUA TRAIL City-St-Zip: NOKOMIS, FL 34275 US

Title: [

Name: CUSTER, DOUGLAS E Address: 2049 TIMUCUA TRL City-St-Zip: NOKOMIS, FL 34275

Title: [

Name: CUSTER, DOUGLAS E Address: 2049 TIMUCUA TRL City-St-Zip: NOKOMIS, FL 34275

Title:

Name: CUSTER, DOUGLAS E Address: 2049 TIMUCUA TRL City-St-Zip: NOKOMIS, FL 34275

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: DOUGLAS E. CUSTER P 02/15/2012