

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000074322

1. Entity Name
CUSTOM STAFFING, INC.



Principal Place of Business

495 N KELLER ROAD
SUITE 151
MAITLAND, FL 32751 US

Mailing Address

495 N KELLER ROAD
SUITE 151
MAITLAND, FL 32751 US



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3270426

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANGMO, BERNARD D
495 N KELLER ROAD
SUITE 151
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LANGMO, BERNARD D
STREET ADDRESS 495 N KELLER ROAD, SUITE 151
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D
NAME STEVENS, ERIC
STREET ADDRESS 495 N KELLER ROAD, SUITE 151
CITY-ST-ZIP MAITLAND, FL 32751

TITLE
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000000379902
01/10/06-80040-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

Bernard D. Langmo

1/5/06

Cash

407-478-0332

Daytime Phone #