

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036266

Entity Name: DOUGLAS E. CUSTER, P.A.**Current Principal Place of Business:**2049 TIMUCUA TRAIL
NOKOMIS, FL 34275**Current Mailing Address:**2049 TIMUCUA TRAIL
NOKOMIS, FL 34275 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current 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**Officer/Director Detail :**

Title	P
Name	CUSTER, DOUGLAS E
Address	2049 TIMUCUA TRAIL
City-State-Zip:	NOKOMIS FL 34275

Title	S
Name	CUSTER, DOUGLAS ECUSTER
Address	2049 TIMUCUA TRAIL
City-State-Zip:	NOKOMIS FL 34275

Title	T
Name	CUSTER, DOUGLAS E
Address	2049 TIMUCUA TRAIL
City-State-Zip:	NOKOMIS FL 34275

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

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

Title	D
Name	CUSTER, DOUGLAS E
Address	2049 TIMUCUA TRL
City-State-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**PRESIDENT****04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date