

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000056854

**Entity Name:** CUSTOM DRIVING SERVICES, INC.

**Current Principal Place of Business:**

5839 BATTERSEA AVE.  
NORTH PORT, FL 34291

**Current Mailing Address:**

5839 BATTERSEA AVE.  
NORTH PORT, FL 34291 US

**FEI Number:** 26-0145566

**Certificate of Status Desired:** No

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

BILLS, THEODORE JSR.  
5839 BATTERSEA AVE.  
NORTH PORT, FL 34291 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 PT  
Name BILLS, THEODORE JSR  
Address 5839 BATTERSEA AVENUE  
City-State-Zip: NORTH PORT FL 34291

Title VPS  
Name BILLS, LINDA F  
Address 5839 BATTERSEA AVENUE  
City-State-Zip: NORTH PORT FL 34291

*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:** THEODORE J BILLS SR

**PRESIDENT**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date