

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 444856

1. Entity Name
CUSTOM AIR SYSTEMS, INC.



Principal Place of Business
**1615 SE VILLAGE GREEN DR.
PORT ST. LUCIE, FL 34952**

Mailing Address
**1615 SE VILLAGE GREEN DR.
PORT ST. LUCIE, FL 34952**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1508834

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BIGGE, CHARLES E
1615 SE VILLAGE GREEN DR.
PORT ST. LUCIE, FL 34983**

**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 reconstituting)

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	CD
NAME	BIGGE, CHARLES
STREET ADDRESS	5401 ECHO PINES CIR E
CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	P
NAME	JONES, DEBRA L.
STREET ADDRESS	2499 N. INDIAN RIVER DR.
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	ST
NAME	ENGLISH, CHRISTINE B.
STREET ADDRESS	2902 IROQUOIS AVENUE
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	V
NAME	SAMMONS, MARGARET B.
STREET ADDRESS	12455 91ST STREET
CITY-ST-ZIP	PELLSMERE, FL 32948
TITLE	D
NAME	BIGGE, PHYLLIS
STREET ADDRESS	5401 ECHO PINES CIR E
CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/06-80041-004 150.00

**DO NOT WRITE
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:

Christine B. English
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06

Date

772 335-3272

Daytime Phone #