

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 444856

Entity Name: CUSTOM AIR SYSTEMS, INC.

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1508834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BIGGE, CHARLES,
Address: 5401 ECHO PINES CIR E
City-St-Zip: FORT PIERCE, FL 34951

Title: P () Delete
Name: JONES, DEBRA L.,
Address: 2499 N. INDIAN RIVER DR.
City-St-Zip: FORT PIERCE, FL 34946

Title: ST () Delete
Name: ENGLISH, CHRISTINE B.,
Address: 2902 IROQUOIS AVENUE
City-St-Zip: FORT PIERCE, FL 34946

Title: V () Delete
Name: SAMMONS, MARGARET B.,
Address: 12455 91ST STREET
City-St-Zip: FELLSMERE, FL 32948

Title: D () Delete
Name: BIGGE, PHYLLIS
Address: 5401 ECHO PINES CIR E
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE B. ENGLISH

ST

02/13/2009

Electronic Signature of Signing Officer or Director

Date