

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 444856

FILED  
Feb 29, 2012  
Secretary of State

**Entity Name:** CUSTOM AIR SYSTEMS, INC.

**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:**

ENGLISH, CHRISTINE B  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: CHRISTINE B. ENGLISH

ST

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date