2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 833958

1. Entity Name
CUSTARD INSURANCE ADJUSTERS, INC.

Principal Place of Business	Mailing Address
4875 AVALON RIDGE PKWY NORCROSS, GA 30071	4875 AVALON RIDGE PKWY NORCROSS, GA 30071

DO NOT WRITE IN THIS SPACE

01072006 No Chg-P CR2E034 (11/05)

4. FEI Number
35-1188325
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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.

100000386254
01/18/06-80052-001 150.00

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DBD
NAME	CUSTARD, A.R.
STREET ADDRESS	4875 AVALON RIDGE PKWY
CITY-ST-ZIP	NORCROSS, GA
TITLE	STD
NAME	STATE, PAMELA J
STREET ADDRESS	4875 AVALON RIDGE PKWY
CITY-ST-ZIP	NORCROSS, GA 30071
TITLE	V
NAME	SOBY, ROBERT E
STREET ADDRESS	4875 AVALON RIDGE PKWY
CITY-ST-ZIP	NORCROSS, GA 30071
TITLE	P
NAME	SHOVE, BRIAN K
STREET ADDRESS	4875 AVALON RIDGE PKWY
CITY-ST-ZIP	NORCROSS, GA 30071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pamela J State Pamela J State 1/11/06 770-368-3363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #