

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 833958

1. Entity Name
CUSTARD INSURANCE ADJUSTERS, INC.



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

Mailing Address
4875 AVALON RIDGE PKWY
NORCROSS, GA 30071



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	LINVILLE, RICK G
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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05/02/08-80004-012 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/08

770 368 3363