## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 833958** 

Apr 04, 2012 Secretary of State

Entity Name: CUSTARD INSURANCE ADJUSTERS, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

4875 AVALON RIDGE PKWY NORCROSS, GA 30071

**Current Mailing Address: New Mailing Address:** 

4875 AVALON RIDGE PKWY NORCROSS, GA 30071

FEI Number: 35-1188325 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC. 515 E. PARK AVÉNUE TALLAHASSEE, FL 32301 US

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:

SOBY, ROBERT E Name:

4875 AVALON RIDGE PKWY Address:

City-St-Zip: NORCROSS, GA

Title:

CLAY, BELINDA Name:

4875 AVALON RIDGE PKWY Address: NORCROSS, GA 30071 City-St-Zip:

Title: FVP

CLAY, BELINDA Name:

4875 AVALON RIDGE PKWY Address: City-St-Zip: NORCROSS, GA 30071

Title: PD

LINVILLE, RICK G Name:

Address: 4875 AVALON RIDGE PKWY City-St-Zip: NORCROSS, GA 30071

Title:

CUSTARD INSURANCE ADJUSTERS, INC./JD Name:

Address: 4875 AVALON RIDGE PARKWAY

City-St-Zip: NORCROSS, GA 30071

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: JENNIFER DANKO LC 04/04/2012