

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006982

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: VIKING CUSTOM, INC.

**Current Principal Place of Business:**

1550 AVENUE C  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

1550 AVENUE C  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

FEI Number: 51-0407332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

J.S. FAMILY HOLDINGS, INC.  
1550 AVENUE G  
RIVIERA BEACH, FL 33404      US

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

J.S. FAMILY HOLDINGS, INC.  
1550 AVENUE C  
RIVIERA BEACH, FL 33404      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: \_\_\_\_\_ 01/16/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARROLL, THOMAS S  
Address: ROUTE 9 ON THE BASS RIVER  
City-St-Zip: NEW GRETNA, NJ 08224

Title: V ( ) Delete  
Name: NEPA, ERNEST M  
Address: ROUTE 9 ON THE BASS RIVER  
City-St-Zip: NEW GRETNA, NJ 08224

Title: S ( ) Delete  
Name: KASINSKI, JOHN E  
Address: ROUTE 9 ON THE BASS RIVER  
City-St-Zip: NEW GRETNA, NJ 08224

Title: C ( ) Delete  
Name: HEALEY, ROBERT T  
Address: ROUTE 9 ON THE BASS RIVER  
City-St-Zip: NEW GRETNA, NJ 08224

Title: VC ( ) Delete  
Name: HEALEY, WILLIAM J  
Address: ROUTE 9 ON THE BASS RIVER  
City-St-Zip: NEW GRETNA, NJ 08224

Title: TD ( ) Delete  
Name: STRAUB, GERALD D  
Address: ROUTE 9 ON THE BASS RIVER  
City-St-Zip: NEW GRETNA, NJ 08224

**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:

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: TOM CARROLL \_\_\_\_\_ P 01/16/2009  
Electronic Signature of Signing Officer or Director      Date