

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006982

FILED
Jan 04, 2010
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 C
RIVIERA BEACH, FL 33404 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: THOMAS CARROLL

P

01/04/2010

Electronic Signature of Signing Officer or Director

_____ Date