


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J90971</b> 1. Entity Name <b>CUSTOM SEA GEAR, INC.</b>	
--	---

Principal Place of Business <b>2405 SUCCESS DR. ODESSA, FL 33556</b>	Mailing Address <b>2405 SUCCESS DR. ODESSA, FL 33556</b>
---	---

**DO NOT WRITE IN THIS SPACE**



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2851060</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HAWVER, DARRAH  
7650 GULF WAY  
HUDSON, FL 34667**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>HAWVER, ALBERT</b>
STREET ADDRESS <b>7650 GULF WAY</b>	
CITY-ST-ZIP <b>HUDSON, FL 34667</b>	
TITLE <b>VP</b>	NAME <b>HAWVER, DARRAH</b>
STREET ADDRESS <b>7650 GULF WAY</b>	
CITY-ST-ZIP <b>HUDSON, FL 34667</b>	
TITLE <b>ST</b>	NAME <b>HAWVER, DARRAH</b>
STREET ADDRESS <b>7650 GULF WAY</b>	
CITY-ST-ZIP <b>HUDSON, FL 34667</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

U000000457834  
03/17/06-80020-011 150.00

**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:  **3/1/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #