

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # J90971**

1. Entity Name  
**CUSTOM SEA GEAR, INC.**



Principal Place of Business  
**2405 SUCCESS DR.  
ODESSA, FL 33556**

Mailing Address  
**2405 SUCCESS DR.  
ODESSA, FL 33556**



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2851060**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000639352  
02/28/07-80022-020 150.00

**10. OFFICERS AND DIRECTORS**

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

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/15/07*

Date

Daytime Phone #