

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L64887

FILED
Jul 09, 2008
Secretary of State

Entity Name: CUSTOM FINANCE, INC.

Current Principal Place of Business:

1856 INLET DRIVE
N. FT. MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

1856 INLET DRIVE
N. FT. MYERS, FL 33903 US

New Mailing Address:

FEI Number: 65-0274813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL VECCHIO, DAVID M
1856 INLET DR
N. FT. MYERS, FL 33903 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DEL VECCHIO, DAVID M, .
Address: 1856 INLET DR
City-St-Zip: N FT MYERS, FL 33903 US

Title: VP () Delete
Name: DEL VECCHIO, LINDA
Address: 1856 INLET DR
City-St-Zip: N FT MYERS, FL 33903 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID DEL VECCHIO

PST

07/09/2008

Electronic Signature of Signing Officer or Director

Date