

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # M69075

1. Entity Name

R & R CUSTOM, INC.



Principal Place of Business

6106 NW E. DEVILLE CIR
PORT SAINT LUCIE FL 34986

Mailing Address

6106 NW E. DEVILLE CIR
PORT SAINT LUCIE FL 34986



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0031924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

BERMAN, PHILIP M.
2424 N.E. 22ND ST.
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME LASKEN, CHRISTINE
STREET ADDRESS 6106 NW E. DEVILLE CIR
CITY- ST- ZIP PORT SAINT LUCIE FL 34986

TITLE **VSD** ☐ Delete
NAME LASKEN, CHRISTINE
STREET ADDRESS 6106 NW E. DEVILLE CIR
CITY- ST- ZIP PORT SAINT LUCIE FL 34986

TITLE **VP** ☐ Delete
NAME LASKEN, RONALD C
STREET ADDRESS 6106 NW E. DEVILLE CIR.
CITY- ST- ZIP PORT SAINT LUCIE FL 34986

TITLE **T** ☐ Delete
NAME LASKEN, TIMOTHY R
STREET ADDRESS 6106 NW E. DEVILLE CIR.
CITY- ST- ZIP PORT SAINT LUCIE FL 34986

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000754632
05/22/07-80068-018 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Christine Lasken* **CHRISTINE LASKEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07 772 344 7497

Date Daytime Phone #