


From:KOLKHORST

2814779191

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90018 031 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P0000001421		
1. Entity Name CUSTOM SPRAYERS, INC.		

14018820

Principal Place of Business 222 COMMERCIAL PLACE SEBRING, FL 33876 US	Mailing Address <del>222 COMMERCIAL PLACE</del> <del>SEBRING, FL 33876 US</del> 1808 Airport Road Pocahontas Ar 72455
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07062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

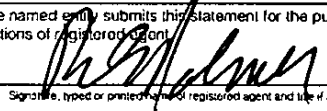
4. FEI Number 59-3621767	Applied For Not Applicable
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5. Certificate of Status Des re l <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  VOGLE, BRUCE 222 COMMERCIAL PLACE SEBRING, FL 33872
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**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:  DATE: 7-6-05

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PALMER, GARRY R 1808 AIRPORT RD. POCAHONTAS, AR 72455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PALMER, TERESA 1808 AIRPORT RD. POCAHONTAS, AR 72455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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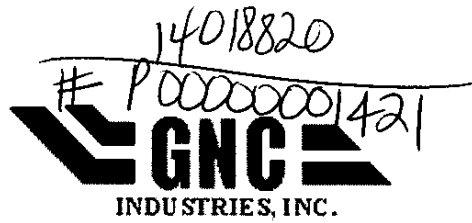
**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute. 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:  DATE: 7-6-05 DAYTIME PHONE #: 870-248-9901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT



1808 Airport Road  
Pocahontas, AR 72455  
870-248-9901

Division of Corporations  
P O Box 6198  
Tallahassee, Fl 32314


RE: Custom Sprayers, Inc  
222 Commercial place  
Sebring Fl. 33876-6526  
*Fed ID# 59-36 21 767*

Dear Sir:

A reminder post card was not received from you in January. The only mail we have received from you is the Notice of Intent to Dissolve. The amount due is \$150.00. Please note our mailing address:

Custom Sprayers, Inc.  
1808 Airport Road  
Pocahontas Ar 72455

Thank You



R Garry Palmer  
President