


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90051 036 \*\*\*150.00

**DOCUMENT # P00000017374**

1. Entity Name  
**CUSTOM REAL ESTATE SERVICES, INC.**



Principal Place of Business  
**2450 OCEAN SHORE BLVD #2  
 UNIT 2  
 ORMOND BEACH, FL 32176**

Mailing Address  
**PO BOX 2602  
 ORMOND BEACH, FL 32175**



2. Principal Place of Business  
*31126 Prestwick*

3. Mailing Address  
*PO Box 233*

Suite/Apt. #, etc.  
*Sorrento*

City & State  
*FL*

01072006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3640075**

Applied For  
 Not Applicable

Zip  
*32776* Country  
*USA*

Zip  
*32776* Country  
*USA*

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

6. Name and Address of Current Registered Agent

**MASON, MARGARET E  
 2450 OCEAN SHORE BLVD #2  
 UNIT 2  
 ORMOND BEACH, FL 32176**

7. Name and Address of New Registered Agent

Name  
*31126 Prestwick Ave*

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

City  
*FL* Zip Code  
*32776*

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 *Margaret E Mason* DATE *1-25-2006*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	MASON, DANIEL E	
STREET ADDRESS	2450 OCEAN SHORE BLVD #2	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	P	<input type="checkbox"/> Delete
NAME	MASON, MARGARET E	
STREET ADDRESS	2450 OCEAN SHORE BLVD #2	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>31126 Prestwick Ave</i>
CITY-ST-ZIP	<i>Sorrento FL 32776</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>31126 Prestwick Ave</i>
CITY-ST-ZIP	<i>Sorrento, FL 32776</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Margaret E Mason* *1/25/2006*