

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90119 015 ***150.00

DOCUMENT # P02000033454

1. Entity Name

CUSTOM SERVICES OF PALM BEACH, INC.



Principal Place of Business

426 COLONIAL RD.
W. PALM BCH FL 33405

Mailing Address

426 COLONIAL RD.
W. PALM BCH FL 33405

2. Principal Place of Business

5354 Garden Hill Cir

Suite, Apt. #, etc.

3. Mailing Address

5354 Garden Hill Cir

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

West Palm Beach

Zip
33415

Country

Florida

City & State

West Palm Beach

Zip
33415

Country

Florida

4. FEI Number

45-0472574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, LAUREN J
426 COLONIAL RD.
W. PALM BCH FL 33405

7. Name and Address of New Registered Agent

Name

Charles NAVARRO

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

5354 Garden Hill Cir

City

W. Palm Beach

FL

Zip Code

33415

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, 2004 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 D ☒ Delete
NAME HAWKINS, LAUREN J
STREET ADDRESS 426 COLONIAL RD.
CITY-ST-ZIP W. PALM BCH FL 33405

TITLE D ☐ Delete
NAME NAVARRO, CHARLES
STREET ADDRESS 5354 GARDEN HILL CIR.
CITY-ST-ZIP W. PALM BCH FL 33415

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAY 1 561-758-2202