

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90003 041 \*\*\*158.75

**DOCUMENT # P03000043572**

1. Entity Name  
CARTOUCHE CUSTOM CONSULTING, INC.



Principal Place of Business  
138 PALM COAST PARKWAY NE  
STE 338  
PALM COAST, FL 32137

Mailing Address  
138 PALM COAST PARKWAY NE  
STE 338  
PALM COAST, FL 32137



02122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-368447/6	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CASH, MARGUERITE  
138 PALM COAST PARKWAY NE  
STE 338  
PALM COAST, FL 32137

**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 \_\_\_\_\_

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P CASH, MARGAERITE R 138 PALM COAST PKWY NE # 338 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PASTERNAK, J J JR 138 PALM COAST PKWY NE # 338 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Marguerite R Cash*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

*2/02/2006 (904) 477-1465*

Date

Daytime Phone #