

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071588

FILED
Apr 09, 2007
Secretary of State

Entity Name: OGDEN CUSTOM SERVICES, INC.

Current Principal Place of Business:

1691 SW JAMESPORT DR.
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1691 SW JAMESPORT DR.
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 14-1891643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGDEN, MICHAEL J
1233 SW MALAGA AVENUE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

SMITH, JEFFERY S
1691 SW JAMESPORT DRIVE
PORT SAINT LUCIE, FL 34953 US

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.

SIGNATURE: JEFFERY S SMITH

04/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: OGDEN, MICHAEL J
Address: 1233 SW MALAGA AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD () Delete
Name: OGDEN, DANIEL C
Address: 1233 SW MALAGA AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TD () Delete
Name: OGDEN, TANYA M
Address: 1233 SW MALAGA AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: OGDEN, MICHAEL J
Address: 1691 SW JAMESPORT
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD (X) Change () Addition
Name: OGDEN, DANIEL C
Address: 1691 SW JAMESPORT
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TD (X) Change () Addition
Name: OGDEN, TANYA M
Address: 1691 SW JAMESPORT DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD () Change (X) Addition
Name: SMITH, JEFFERY S
Address: 1691 SW JAMESPORT DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J OGDEN

PSD

04/09/2007

Electronic Signature of Signing Officer or Director

Date