

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079331

FILED
Sep 06, 2005
Secretary of State

Entity Name: CUSTOM TECHNOLOGY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

306 CLEVELAND AVENUE NORTH
LEHIGHACRES, FL 33972

New Principal Place of Business:

205 JOEL BOULEVARD
SUITE 204
LEHIGHACRES, FL 33972

Current Mailing Address:

306 CLEVELAND AVENUE NORTH
LEHIGHACRES, FL 33972

New Mailing Address:

205 JOEL BOULEVARD
SUITE 204
LEHIGHACRES, FL 33972

FEI Number: 58-2675959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT-ARNOLD, GWENDOLYN K
306 CLEVELAND AVENUE NORTH
LEHIGHACRES, FL 33972 US

Name and Address of New Registered Agent:

GRANT-ARNOLD, GWENDOLYN K
205 JOEL BOULEVARD
SUITE 204
LEHIGHACRES, FL 33972 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:

09/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRANT-ARNOLD, GWENDOLYN K
Address: 306 CLEVELAND AVENUE NORTH
City-St-Zip: LEHIGHACRES, FL 33972

Title: D () Delete
Name: DILORENZO, DESMOND
Address: 306 CLEVELAND AVENUE NORTH
City-St-Zip: LEHIGHACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRANT-ARNOLD, GWENDOLYN K
Address: 205 JOEL BOULEVARD SUITE 204
City-St-Zip: LEHIGHACRES, FL 33972

Title: D (X) Change () Addition
Name: DILORENZO, DESMOND
Address: 205 JOEL BOULEVARD, SUITE 204
City-St-Zip: LEHIGHACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DESMOND DILORENZO

D

09/06/2005

Electronic Signature of Signing Officer or Director

Date