

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000128763

1. Entity Name
CUSTOM SATELLITE & SECURITY, INC.



Principal Place of Business
1026 HECKMAN LANE
LAKE HELEN, FL 32744

Mailing Address
1026 HECKMAN LANE
LAKE HELEN, FL 32744

DO NOT WRITE IN THIS SPACE

**FILED
Mar 12, 2007 08:00 A
Secretary of State**



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1713211	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEENEY, CHARLES E
1026 HECKMAN LANE
LAKE HELEN, FL 32744

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS.

TITLE	P
NAME	SWEENEY, CHARLES E
STREET ADDRESS	1026 HECKMAN LANE
CITY-ST-ZIP	LAKE HELEN, FL 32744

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000662336
03/21/07-80009-006 150.00

**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:

CHARLES S. SWEENEY, PRES.

386/717-2956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Daytime Phone #