

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000132100

1. Entity Name
VOLUSIA COUNTY CUSTOMS, INC.



Principal Place of Business
1416 INTREPID AVENUE
DELAND, FL 32724

Mailing Address
1416 INTREPID AVENUE
DELAND, FL 32724

FILED
Jan 25, 2008 08:00 AM
Secretary of State



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1688186

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FISHER, TODD A
2420 CROAKER SACK RD.
DELEON SPRINGS, FL 32130

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000796915
01/29/08-80053-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P FISHER, TODD A 2420 CROAKER SACK RD. DELEON SPRINGS, FL 32130 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V FISHER, LISA A 2420 CROAKER SACK RD. DELEON SPRINGS, FL 32130 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-08

Date

386-740-8223

Daytime Phone #