

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90075 030 ***150.00

DOCUMENT # P04000017423

1. Entity Name

J.W. CUSTER, INC.



Principal Place of Business

905 HEATHERCREST
LAKELAND FL 33813

Mailing Address

905 HEATHERCREST
LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

76-0751560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUTNAM, ABEL A
500 S FLORIDA AVE STE 300
LAKELAND FL 33801

Name JOHN W. CUSTER

Street Address (P.O. Box Number is Not Acceptable)

905 HEATHERCREST

City LAKE LAND

FL

Zip Code 33813

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 X

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-15-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CUSTER, JOHN W
STREET ADDRESS 905 HEATHERCREST
CITY-ST-ZIP LAKELAND FL 33813

TITLE [REDACTED] ☐ Delete
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE [REDACTED] ☐ Delete
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE [REDACTED] ☐ Delete
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE [REDACTED] ☐ Delete
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE [REDACTED] ☐ Delete
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE [REDACTED] ☐ Change ☐ Addition
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME BARBARA CUSTER
STREET ADDRESS 905 HEATHERCREST
CITY-ST-ZIP LAKELAND FL 33813

TITLE [REDACTED] ☐ Change ☐ Addition
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE [REDACTED] ☐ Change ☐ Addition
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE [REDACTED] ☐ Change ☐ Addition
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

TITLE [REDACTED] ☐ Change ☐ Addition
NAME [REDACTED]
STREET ADDRESS [REDACTED]
CITY-ST-ZIP [REDACTED]

12. I hereby certify that the information supplied with this filing does not qualify 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 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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05

Date

863-646-6504

Daytime Phone #