

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90018 035 ***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

2527 LAUREL GLEN DRIVE
Suite, Apt. #, etc.
LAKELAND, FL
City & State

3. Mailing Address

2527 LAUREL GLEN DRIVE
Suite, Apt. #, etc.
LAKELAND, FL
City & State

Zip

33803

Country

POLK

Zip

33803

Country

POLK

1st MOORE

CR2E034 (10/05)

4. FEI Number 76-0751560
~~76-0757560~~

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUSTER, JOHN W
~~905 HEATHERCREST~~
~~LAKELAND FL 33813~~

7. Name and Address of New Registered Agent

Name JOHN W. CUSTER
Street Address (P.O. Box Number is Not Acceptable)
2527 LAUREL GLEN DRIVE
City LAKELAND FL Zip Code 33803

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]
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, 2006 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	<input type="checkbox"/> Delete
NAME	CUSTER, JOHN W	
STREET ADDRESS	905 HEATHERCREST	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CUSTER, BARABRA	
STREET ADDRESS	905 HEATHERCREST	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06

Date:

863-603-7047

Daytime Phone #