

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138824

Entity Name: CUSTOM ORGANIZING, INC.

FILED  
Apr 21, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 5374  
CLEARWATER, FL 33758 US

## New Principal Place of Business:

2244 BUENA VISTA DR.  
CLEARWATER, FL 33764 US

## Current Mailing Address:

P.O. BOX 5374  
CLEARWATER, FL 33758 US

## New Mailing Address:

FEI Number: 55-0885758      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANDELBAUM & FITZSIMMONS, P.A.  
201 N. FRANKLIN STREET  
SUITE 2720  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CUEVA, ANN  
Address: 2244 BUENA VISTA DR  
City-St-Zip: CLEARWATER, FL 33764 US

Title: VP ( ) Delete  
Name: DORMOIS, BEVERLY  
Address: 1351 FAIRFIELD DR.  
City-St-Zip: CLEARWATER, FL 33764 US

Title: SEC ( ) Delete  
Name: JONES, DEANA  
Address: 500 N. DUNCAN AVE.  
City-St-Zip: CLEARWATER, FL 33755 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CUEVA, ANN MRS.  
Address: 2244 BUENA VISTA DR  
City-St-Zip: CLEARWATER, FL 33764 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANN CUEVA

P

04/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date