

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000173268

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** KUSTOM COLOR OF FLAGLER COUNTY, INC.

**Current Principal Place of Business:**

143 BAYSIDE DRIVE  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 350828  
PALM COAST, FL 32135 US

**New Mailing Address:**

**FEI Number:** 20-2084146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVAN, DARRIN L  
143 BAYSIDE DRIVE  
PALM COAST, FL 32137 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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: SULLIVAN, WENDY D  
Address: 143 BAYSIDE DRIVE  
City-St-Zip: PALM COAST, FL 32137 US

Title: P  
Name: SULLIVAN, DARRIN L  
Address: 143 BAYSIDE DRIVE  
City-St-Zip: PALM COAST, FL 32137 US

Title: VP  
Name: SULLIVAN, VINCENT  
Address: 143 BAYSIDE DRIVE  
City-St-Zip: PALM COAST, FL 32137 US

I hereby 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 all other like empowered.

SIGNATURE: WENDY SULLIVAN

VP

04/25/2011

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

\_\_\_\_\_  
Date