2008 FOR PROFIT CORADRATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P05000036266**.

1. Entity Name

DOUGLAS E. CUSTER, P.A.



US

FILED Apr 21, 2008 08:00 All Secretary of State

Principal Place of Business

Mailing Address

4113 VIA MIRADA

SARASOTA, FL 34238 US

4113 VIA MIRADA Sarasota, FL 34238

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE

01162008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUSTER, DOUGLAS E 4113 VIA MIRADA SARASOTA, FL 34238

changed, or on an attachment with an

**SIGNATURE:** 

## 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				Agent argnature required when reensating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution	ing	\$5.00 May Be Added to Fees	Hinninnanesse	
10.	OFFICERS AND DIREC	CTORS			05/06/08-80025-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUSTER, DOUGLAS E 4113 VIA MIRADA SARASOTA, FL 34238				03/ 90/ 00 <sup>-</sup> 00025 <b>-</b> UU4 [30, UU	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUSTER, DOUGLAS E 4113 VIA MIRADA SARASOTA, FL 34238					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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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 cath; that I am an officer or director of the corporation or the receiver or trustee simplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if						