

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/2/2006-90001-022-\$150.00-\$150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                                                                     |                            |                                                                                                                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------|---------------------------------|--|--------------------|---------------|----------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------|------|----------------|-------------|---------------------------------|---------------------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DOCUMENT # P05000057970</b><br>1. Entity Name<br><b>CUSTER REALTY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                                                                                                                                                     |                            |                                                                                                                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>CUSTER REALTY, INC.</b><br><b>9490 S. MILITARY TRAIL #1</b><br><b>BOYNTON BEACH, FL 33436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                                                                                                                                     |                            | Address<br><b>LOTUS CT</b><br><b>BOYNTON BEACH, FL 33436</b>                                                                                  |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                                                                                                                                     |                            | Suite, Apt. #, etc.<br>                                                                                                                       |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City & State<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                                                                                                                                     |                            | City & State<br>                                                                                                                              |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zip<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    | Country<br>                                                                                                                                                                                                         |                            | Zip<br>                                                                                                                                       |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | Country<br>                                                                                                                                                                                                         |                            | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>Carl Custer</b><br><b>Unit 1</b><br><b>9490 S Military Tr.</b><br><b>Boynton Beach, FL 33436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                                                                                                                                     |                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>State <b>FL</b> Zip Code |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.<br>SIGNATURE <u><b>CARL S. CUSTER</b></u> DATE <u><b>7/21/06</b></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                          |                    |                                                                                                                                                                                                                     |                            |                                                                                                                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                            |                                                                                                                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE <b>DPS</b></td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>Carl Custer</b></td> <td><b>Unit 1</b></td> <td><b>9490 S Military Tr.</b></td> <td><b>Boynton Beach, FL 33436</b></td> </tr> </table>                                                                                                                                   |                    |                                                                                                                                                                                                                     | TITLE <b>DPS</b>           | NAME                                                                                                                                          | STREET ADDRESS                  | CITY-ST-ZIP                       | Delete <input type="checkbox"/> |  | <b>Carl Custer</b> | <b>Unit 1</b> | <b>9490 S Military Tr.</b> | <b>Boynton Beach, FL 33436</b> | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> <td style="width: 15%;">Change <input type="checkbox"/></td> <td style="width: 15%;">Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |  |  | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE <b>DPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NAME               | STREET ADDRESS                                                                                                                                                                                                      | CITY-ST-ZIP                | Delete <input type="checkbox"/>                                                                                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Carl Custer</b> | <b>Unit 1</b>                                                                                                                                                                                                       | <b>9490 S Military Tr.</b> | <b>Boynton Beach, FL 33436</b>                                                                                                                |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME               | STREET ADDRESS                                                                                                                                                                                                      | CITY-ST-ZIP                | Delete <input type="checkbox"/>                                                                                                               | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                                                                     |                            |                                                                                                                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                                                                     |                            |                                                                                                                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                                                                     |                            |                                                                                                                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                                                                     |                            |                                                                                                                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                                                                     |                            |                                                                                                                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                                                                     |                            |                                                                                                                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 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 <u><b>CARL S. CUSTER</b></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                                                                                                                                     |                            | DATE <u><b>7/31/06</b></u> (Sb) <b>734-6798</b>                                                                                               |                                 |                                   |                                 |  |                    |               |                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**FILED**

06 SEP 28 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07032008 Chg-P CR2E034 (11/05)

4. FEI Number **20-2703247** Applied For ☐ Not Applicable

**FL**

**7/21/06**

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

**\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Carl Custer**  
**Unit 1**  
**9490 S Military Tr.**  
**Boynton Beach, FL 33436**

**CARL S. CUSTER**

**7/31/06 (Sb) 734-6798**

*Handwritten:* 7/28