

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160572

Entity Name: CUSTOM DETAILS, INC.

FILED  
Jan 16, 2008  
Secretary of State

**Current Principal Place of Business:**

212 GOODWIN CREEK ROAD  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

212 GOODWIN CREEK ROAD  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number: 20-4242764      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GILLYARD, GLENN W CPA  
4460 LEGENDARY DRIVE  
SUITE 100  
DESTIN, FL 32541 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: PD ( ) Delete  
Name: BEAVER, ROBERT S  
Address: 212 GOODWIN CREEK ROAD  
City-St-Zip: FREEPORT, FL 32439

Title: VP ( ) Delete  
Name: BEAVER, TRAVIS W  
Address: 141 EASTERN ST.  
City-St-Zip: FREEPORT, FL 32439

Title: VP ( ) Delete  
Name: BEAVER, JOHN W  
Address: P.O. BOX 682  
City-St-Zip: DEFUNIAK SPGS, FL 32435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: ROBERT S. BEAVER

PD

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date