

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083742

FILED  
Aug 15, 2011  
Secretary of State

**Entity Name:** CUSTOM TECHNICAL SERVICES OF NW FLORIDA INC.

**Current Principal Place of Business:**

1812 TENNESSE AVE  
SUITE-A  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

**Current Mailing Address:**

1812 TENNESSE AVE  
SUITE-A  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

**FEI Number:** 01-0914832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPPS, RODNEY W  
2732 E 16TH ST  
PANAMA CITY, FL 32405 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: P  
Name: CAPPS, RODNEY W  
Address: 2732 E16TH ST  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: VP  
Name: MELVIN, TIM L  
Address: 9207 N HOLLAND RD  
City-St-Zip: PANAMA CITY, FL 32409 US

Title: T  
Name: CAPPS, KIMBERLY M  
Address: 2732 E 16TH ST  
City-St-Zip: PANAMA CITY, FL 32405 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: RODNEY CAPPS

P

08/15/2011

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

\_\_\_\_\_  
Date