

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P16444**

1. Entity Name  
**CUSTOM FACILITIES INC.**



Principal Place of Business  
**6296 RUCKER ROAD, SUITE C  
INDIANAPOLIS, IN 46220**

Mailing Address  
**6296 RUCKER ROAD, SUITE C  
INDIANAPOLIS, IN 46220**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>35-1308008</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SMITH, WAYNE  
9161 N. ABBOT DR.  
CITRUS SPRINGS, FL 34434-4001**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000061982  
02/23/04-80103-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DEROY, ROD
STREET ADDRESS	7816 TIMBER RUN LANE
CITY-ST-ZIP	INDIANAPOLIS, IN
TITLE	T
NAME	SCHEUERMANN, GARY
STREET ADDRESS	10118 BERYL DRIVE
CITY-ST-ZIP	NOBLESVILLE, IN
TITLE	S
NAME	THOMAS, MARK
STREET ADDRESS	11682 SUNNYBROOK PL
CITY-ST-ZIP	FISHERS, IN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/10/04 (317) 259-0038**