

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90074 041 \*\*\*150.00

**DOCUMENT # P93000018693**

1. Entity Name

CUSTOM SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business

1000 NE ZEBRINA SEUDA  
JENSEN BEACH FL 34958  
US

Mailing Address

POST OFFICE BOX 772  
JENSEN BEACH FL 34958  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0397940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, DWIGHT  
1000 N.E. ZEBRINA SENDA  
P.O. BOX 772  
JENSEN BEACH FL 34958

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ P ☐ Delete  
NAME JENKINS, DWIGHT  
STREET ADDRESS 1000 N.E. ZEBRINA SENDA  
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY**  
STREET ADDRESS **JANET F. JENKINS**  
CITY-ST-ZIP **1000 N.E. ZEBRINA SENDA, P.O. BOX 772**  
**JENSEN BEACH, FL 34958**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

*Dwight O. Jenkins* President  
Dwight O. Jenkins

4-5-04 772-334-1945

Date

Daytime Phone #