

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000067520

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: CUSTOM SERVICES OF CENTRAL FLORIDA, INC.

## Current Principal Place of Business:

P.O. BOX 652  
AUBURNDALE, FL 33823

## New Principal Place of Business:

505 CHARLOTTE RD  
AUBURNDALE, FL 33823

## Current Mailing Address:

P.O. BOX 652  
AUBURNDALE, FL 33823

## New Mailing Address:

FEI Number: 59-3204519      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARION, WAYNE A.  
2005 AMESBURY DR  
AUBURNDALE, FL 33823      US

## Name and Address of New Registered Agent:

MARION, WAYNE A.  
505 CHARLOTTE RD  
AUBURNDALE, FL 33823      US

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: \_\_\_\_\_

04/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: MARION, WAYNE A  
Address: 2005 AMESBURY DR  
City-St-Zip: AUBURNDALE, FL

Title: D ( ) Delete  
Name: MARION, WAYNE A  
Address: 2005 AMESBURY DR  
City-St-Zip: AUBURNDALE, FL

Title: C ( ) Delete  
Name: MARION, PAMELA N  
Address: 2005 AMESBURY DRIVE  
City-St-Zip: AUBURNDALE, FL 33823

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: MARION, WAYNE A  
Address: 505 CHARLOTTE RD.  
City-St-Zip: AUBURNDALE, FL 33823

Title: D (X) Change ( ) Addition  
Name: MARION, WAYNE A  
Address: 505 CHARLOTTERD.  
City-St-Zip: AUBURNDALE, FL 33823

Title: C (X) Change ( ) Addition  
Name: MARION, PAMELA N  
Address: 505 CHARLOTTE RD.  
City-St-Zip: AUBURNDALE, FL 33823

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE A. MARION

PVST

04/04/2007

Electronic Signature of Signing Officer or Director

Date