2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000078983

1. Entity Name

CUSTOM REALTY, INC.

FILED
08 MAR 24 PM 12:18
SECRETARY OF STATE

1st MOORE CR2E034 (10/07)

Principal Place of Business	Mailing Address
336 S. LAKEVIEW DRIVE SUITE 8 LAKE HELEN FL 32744 US	336 S. LAKEVIEW DRIVE SUITE 8 LAKE HELEN FL 32744 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-3212317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DICKINSON, MARY SOMOZA
336 S LAKEVIEW DRIVE
SUITE 8
LAKE HELEN FL 32744

7. Name and Address of New Registered Agent

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 _____ DATE

Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent's signature required when name changed.

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P/D MARY SOMOZA DICKINSON 336 S. LAKEVIEW DRIVE SUITE 8 LAKE HELEN FL. 32744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000844546 03/13/08-80003-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 3/24
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Mary Somoza Dickinson / MARY SOMOZA DICKINSON 2/26/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date