FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

11 MAY 16 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000032743

1. Entity Name

CUSTOM SECURITY SPECIALISTS, INC.

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5929 NW Conus St	5929 NW Conus St
Suite, Apt. #, etc. S-A	Suite, Apt. #, etc. S-A
City & State Port St Lucie	City & State Port St Lucie
Zip 34986 Country St Lucie	Zip 34986 Country St Lucie

4. FEI Number 65-0662546 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Kirk Friedland

Street Address (P.O. Box Number is Not Acceptable): 505 South Flagler Dr

S-1330

City: West Palm Beach FL Zip Code: 33401

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 signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

E-mail Address:

RDKCSSI@TreasureCoastGates.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	RICHARD KRAPF
STREET ADDRESS	5929 NW Conus St
CITY-ST-ZIP	Port St Lucie, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ 5/13/11 561-662-0830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

5/16 am