

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072837

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: CUSTOMWORKS CADIZ, INC.

## Current Principal Place of Business:

11793 S US HIGHWAY 441  
BELLEVIEW, FL 34420

## New Principal Place of Business:

10711 SE MARICAMP RD  
OCALA, FL 34472

## Current Mailing Address:

11793 S US HIGHWAY 441  
BELLEVIEW, FL 34420

## New Mailing Address:

10711 SE MARICAMP RD  
OCALA, FL 34472

FEI Number: 59-3401004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BULLARD, J. WARREN  
121 N.W. THIRD AVENUE  
OCALA, FL 34475 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NATALINO, THOMAS F  
Address: 10745 S.E. CR 464  
City-St-Zip: CANDLER, FL 32111

Title: D ( ) Delete  
Name: NATALINO, COLLEEN M  
Address: 10745 S.E. CR 464  
City-St-Zip: CANDLER, FL 32111

Title: D ( ) Delete  
Name: MAY, KEVIN H  
Address: 4380 S.E. 130TH PLACE  
City-St-Zip: BELLEVIEW, FL 34420

Title: D ( ) Delete  
Name: MAY, JANEEN M  
Address: 4380 S.E. 130TH PLACE  
City-St-Zip: BELLEVIEW, FL 34420

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JANEEN M MAY

D

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date