

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90005 004 \*\*\*158.75

**DOCUMENT # P97000091490**

1. Entity Name  
**WAMILTON'S CUSTOMS, INC.**



Principal Place of Business  
**3965 INVESTMENT LANE  
RIVIERA BEACH, FL 33404**

Mailing Address  
**3965 INVESTMENT LANE  
RIVIERA BEACH, FL 33404**

4007



2. Principal Place of Business  
**3825 Investment Lane**  
Suite, Apt. #, etc.  
**2**

3. Mailing Address  
**3825 Investment Lane**  
Suite, Apt. #, etc.  
**2**

01172006 Chg-P CR2E034 (11/05)

City & State  
**Riviera Beach**  
Zip  
**33404** Country  
**USA**

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**Riviera Beach**  
Zip  
**33404** Country  
**USA**

4. FEI Number  
**65-0788233** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**TEIXEIRA, WAMILTON  
3965 INVESTMENT LANE  
RIVIERA BEACH, FL 33404**

7. Name and Address of New Registered Agent

Name  
**Teixeira, Wamilton**  
Street Address (P.O. Box Number is Not Acceptable)  
**3825 Investment Lane, STE#2**  
City  
**Riviera Beach** FL Zip Code  
**33404**

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

02/28/06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
TEIXEIRA, WAMILTON  
5110 WOODRUFF LN  
PALM BEACH GARDENS, FL 33418** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**416 E. Ilex Dr.  
Lake Park, FL 33403**

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

TITLE  
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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**OWNOR**  
**WAMILTON L. TEIXEIRA** 01/17/06 8812164 (361)