


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90120 044 ***150.00

DOCUMENT # P98000104572					
1. Entity Name CUSTOM WATER SYSTEMS, INC.					
Principal Place of Business 373 TRANQUILLA AVE PORT ST LUCIE, FL 34983			Mailing Address 373 TRANQUILLA AVE PORT ST LUCIE, FL 34983		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0883048	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMPSON, EDWARD JR 373 TRANQUILLA AVE PORT ST LUCIE, FL 34983			Name <i>Hampson Jr., Edward</i> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPS	NAME HAMPSON, EDWARD JR		TITLE HAMPSON JR., EDWARD	NAME HAMPSON JR., EDWARD	
STREET ADDRESS 373 TRANQUILLA AVE	CITY-ST-ZIP PORT ST LUCIE, FL 34983		STREET ADDRESS 1944 SW CAPEADOR STREET	CITY-ST-ZIP PORT SAINT LUCIE, FL 34953	
TITLE DVP	NAME HAMPSON, TIMOTHY		TITLE 1944 SW CAPEADOR ST	NAME 1944 SW CAPEADOR ST	
STREET ADDRESS 1944 SW CAPEADOR STREET	CITY-ST-ZIP PORT SAINT LUCIE, FL 34953		STREET ADDRESS 1944 SW CAPEADOR ST	CITY-ST-ZIP PORT SAINT LUCIE, FL 34953	
TITLE ---	NAME ---		TITLE ---	NAME ---	
STREET ADDRESS ---	CITY-ST-ZIP ---		STREET ADDRESS ---	CITY-ST-ZIP ---	
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STREET ADDRESS ---	CITY-ST-ZIP ---		STREET ADDRESS ---	CITY-ST-ZIP ---	
TITLE ---	NAME ---		TITLE ---	NAME ---	
STREET ADDRESS ---	CITY-ST-ZIP ---		STREET ADDRESS ---	CITY-ST-ZIP ---	
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: <i>Edward Hampson Jr.</i>			3/14/06 (772) 8785129		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		