

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042521

FILED
Feb 12, 2004
Secretary of State

Entity Name: CUSTOM APPS, INC.

Current Principal Place of Business:

88 E. LAKEVIEW DR.
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

88 E. LAKEVIEW DR.
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-3584885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYDECHUK, LELAND L
88 E. LAKEVIEW DR.
HAINES CITY, FL 33844

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: HYDECHUK, LELAND L
Address: 88 E. LAKEVIEW DR.
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: HYDECHUK, BARBARA L
Address: 88 E. LAKEVIEW DR.
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: LELAND L. HYDECHUK

PRES

02/12/2004

Electronic Signature of Signing Officer or Director

Date