FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2007 8:00 am
Secretary of State
06-06-2007 90002 013 ***150.00

DOCUMENT # P99000074058

1. Entity Name
J.D CUSTOM SERVICES INC

DO NOT WRITE IN THIS SPACE

40119935

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2893 SE 1st place	2893 SE 1st place
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Boynton Bch Fl	City & State: Boynton Bch fl
Zip: 33435 Country: Palm Beach	Zip: 33435 Country: Palm Bch

4. FEI Number: 52 2209734 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN. HAYNES

Street Address (P.O. Box Number is Not Acceptable)

2893 SE 1st Place

City: Boynton Bch FL Zip Code: 33435

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: 5/29/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR 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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN. HAYNES PRESIDENT 2893 SE 1st place Boynton Bch fl 33435
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Treasurer Gerri Schwab 2893 SE 1st place Boynton Bch 33435
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: _____ 5/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #