


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000080014</b> 1. Entity Name DAVID R. CUSTIN & ASSOCIATES, INC.	
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Principal Place of Business 6401 SW 113TH PLACE MIAMI, FL 33173-1083 US	Mailing Address 6401 SW 113TH PLACE MIAMI, FL 33173-1083 US
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**DO NOT WRITE IN THIS SPACE**



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0952817	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CUSTIN, DAVID R  
6401 SW 113TH PLACE  
MIAMI, FL 33173-1083

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUSTIN, DAVID R 6401 SW 113TH PLACE MIAMI, FL 331731083
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02/05/05-80021-014 158.75

**DO NOT WRITE  
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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 Block 11 if changed, or on an attachment with an address, with all other like employment.

**SIGNATURE:**  **02/02/2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #