


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # V02464 1. Entity Name CUSTOM CONSULTANTS, INC.	
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Principal Place of Business 2171!FCFB/PSDPVUJ TVJFB2 CPLNUT-GM45386!!!!!!VT	Mailing Address 2171!FCFB/PSDPVUJ TVJFB2 CPLNUT-GM45386!!!!!!VT
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01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0299823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PERRY, WILLIAM R
4745 MALORY PL
SARASOTA, FL 34241

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERRY, WILLIAM R 4745 MALORY PL SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERRY, CAROLE A 4745 MALORY PL SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADIALI, JOHN A 62 WINDSOR DR ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/24/05-80010-007 150.00

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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)(f), 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:  **1-31-05** **941 412 1494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #