## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V58318  1. Entity Name  J.R. CUSTER, INC.							$\mathbf{J}$	an 28, 2005 Secretary			M
Principal Place of Business 961 SOUTH FEDERAL HWY STUART FL 34994 US			Mailing Address 1800 NW BRIGHT RIVER PT STUART FL 34994 US					Bir annan anna feile histori (1886) (1886)			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc			Suite, Apt. #, etc.				15	st MOORE CI	R2E034 (10.		
City & State			City & State				4. FEI Number 65-0351533 Applied For Not Applied				
Zip	Zip Country		Zíp		Cour	ntry		e of Status Desired	Fee	75 Addi Required	
6. Name and Address of Current F				ed Agent		Name	7. Name an	d Address of New Rec	ristered Agen	<del></del>	
THURLOW, III, THOMAS H 17 MARTIN L. KING, JR. BLVD STUART FL 34994					Street Address (P.O. Box Number is Not Acceptable)						
						City			_ 「	ip Code	
	e named entity tions of regist	submits this statement for ered agent.	r the purp	ose of changing its	register	ed office or registe	red agent, or b	oth, in the State of Florid	aa. I am tamiii	arwiin, a	and accep
SIGNATURE .	Signature, typodi	or printed name of registated agent a	and title if app	olicable (NOTE	Registere	ed Agent signature require	d when reinstating)	<del></del> ,	DATE		
After	May 1, 200	! FEE IS \$150.00 5 Fee Will Be \$550.00 Florida Department of			<u> </u>			Election Campaig     Trust Fund Contril			00 May B
10.		OFFICERS AND	DIRECTO	· · · · · · · · · · · · · · · · · ·	11.	·	ADDITIONS	S/CHANGES TO OFFIC	ERS AND DIR	CTORS	IN II
THLE NAME STREET ADDRESS CITY: ST-ZIP	PD CUSTER, J 1800 NW E STUART FI	BRIGHT RIVER PT		☐ Delete				u0000020 01/28/05-80	01174 0 0057-013	Change 150.	Addidate (II)
TITLE NAME STREET ADDRESS CITY-ST-71P	1	RODRIGUEZ CO HILL ROAD		□ Delete						Change	☐ Aduiiii
TITLE NAME STREET ANDRESS CITY-ST-ZIP	VPD H. J. RODF 896 BURR FAIRFIELD		<del></del>	☐ Delete						Change	Addition
THLE NAME SUPERT ADDRESS CHY-SI-ZIP	VPD WILLICH, I 1800 NW E STUART FI	BRIGHT RIVER PT		☐ Delete						Change	Addilla
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete						Change	☐ Artditis
THLE NAME STREET ADDRESS CHY-ST-ZIP		•		☐ Delete		i				Change	Additio
indicated	d on this repor	e information supplied with t or supplemental report is ne receiver or trustee empo achment with an address, we will be supplemental trustees.	true and owered to with all oth	accurate and that report	ny signa as recu	iture shall have the	same legal effe 7, Florîda Statu	ect as it made under oai	in that Lam ar	i officer i	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

FILED

1-36-05