


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V68310**  
 1. Entity Name  
**CUSTOM SOLUTIONS, INC.**



Principal Place of Business 1705 CANTERBURY DRIVE INDIALANTIC, FL 32903 US	Mailing Address 1705 CANTERBURY DRIVE INDIALANTIC, FL 32903 US
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**DO NOT WRITE IN THIS SPACE**



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3146399</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 CHADWICK, CRAIG  
 1705 CANTERBURY DRIVE  
 INDIALANTIC, FL 32903

**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 signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	PTD CHADWICK, CRAIG 1705 CANTERBURY DRIVE INDIALANTIC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD CHADWICK, KATHRYN 1705 CANTERBURY DRIVE INDIALANTIC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/05/04-80029-020 150.00

**DO NOT WRITE IN THIS SPACE**

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: Craig Chadwick **CRAIG CHADWICK** 15 MARCH 2004 321-729-7221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #