


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 1705 CANTERBURY DRIVE      1705 CANTERBURY DRIVE  
 INDIALANTIC, FL 32903 US      INDIALANTIC, FL 32903 US

**DO NOT WRITE IN THIS SPACE**



04132007    No Chg-P    CR2E034 (11/05)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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	100000710303 04/25/07-80038-012 150.00
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*PLEASE NOTE:*  
 I previously mailed a report, BUT forgot to include the check.  
 This is a new report with the check.  
 Craig Chadwick  
 321-724-5313

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**    12 April 2007    321-724-5313

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