

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 833958

**Entity Name:** CUSTARD INSURANCE ADJUSTERS, INC.

**Current Principal Place of Business:**

4875 AVALON RIDGE PKWY  
NORCROSS, GA 30071

**Current Mailing Address:**

4875 AVALON RIDGE PKWY  
NORCROSS, GA 30071

**FEI Number:** 35-1188325

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name LINVILLE, RICK G  
Address 4875 AVALON RIDGE PKWY  
City-State-Zip: NORCROSS GA 30071

Title CEO, PRESIDENT, DIRECTOR  
Name PEEK, CHARLIE  
Address 4875 AVALON RIDGE PKWY  
City-State-Zip: NORCROSS GA 30071

Title CFO, DIRECTOR  
Name DEAN, CHARLES JOHN  
Address 4875 AVALON RIDGE PKWY  
City-State-Zip: NORCROSS GA 30071

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES JOHN DEAN

CFO

04/10/2018

Electronic Signature of Signing Officer/Director Detail

Date