

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833958

Entity Name: CUSTARD INSURANCE ADJUSTERS, INC.**Current Principal Place of Business:**4875 AVALON RIDGE PKWY
PEACHTREE CORNERS, GA 30071**Current Mailing Address:**4875 AVALON RIDGE PKWY
PEACHTREE CORNERS, GA 30071 US**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:	PEACHTREE CORNERS GA 30071

Title	CEO, PRESIDENT, DIRECTOR
Name	PEEK, CHARLES D.
Address	4875 AVALON RIDGE PKWY
City-State-Zip:	PREACHTREE CORNERS GA 30071

Title	CFO, DIRECTOR
Name	DEAN, CHARLES JOHN
Address	4875 AVALON RIDGE PKWY
City-State-Zip:	PEACHTREE CORNERS 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

04/14/2022

Electronic Signature of Signing Officer/Director Detail_____
Date