

2014 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F14000002331

Entity Name: NORTH AMERICAN CUSTOM SPECIALTY VEHICLES, INC.**Current Principal Place of Business:**864 WASHBURN ROAD
MELBOURNE, FL 32934**Current Mailing Address:**864 WASHBURN RD.
MELBOURNE, FL 32934 US**FEI Number:** 47-1083753**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LOPPERT, DAVID
777 SOUTH FLAGLER DRIVE, SUITE 800 WEST
WEST PALM BEACH, FL 33401 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	VP, SECRETARY, TREASURER, CFO
Name	LOPPERT, DAVID
Address	777 SOUTH FLAGLER DRIVE, SUITE 800 WEST
City-State-Zip:	WEST PALM BEACH FL 33401

Title	CHAIRMAN
Name	SULLIVAN, RICHARD
Address	777 SOUTH FLAGLER DRIVE, SUITE 800 WEST
City-State-Zip:	WEST PALM BEACH FL 33401

Title	PRESIDENT
Name	DEKLE, BRIAN
Address	864 WASHBURN ROAD
City-State-Zip:	MELBOURNE FL 32934

Title	VP, ASST. SECRETARY, COMPTROLLER
Name	LEE, HAROLD P
Address	864 WASHBURN ROAD
City-State-Zip:	MELBOURNE FL 32934

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: DAVID A. LOPPERT

CFO

10/09/2014

Electronic Signature of Signing Officer/Director Detail_____
Date