



STATE OF ARIZONA  
CORPORATION COMMISSION



BUSINESS CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE  
DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996

The following information is required by A.R.S. §10-125 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-142. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0198259-9  
Corporation Name: CUSTOM ONE DEVELOPMENT, INC.  
Address: PO BOX 20426

CORPORATIONS DIV.  
RECEIVED  
MAR 04 1996

City, State, Zip: MESA AZ 85277-  
Domicile: ARIZONA  
Type: PROFIT

DOCUMENTS ARE SUBJECT  
TO REVIEW BEFORE FILING

Arizona Statutory Agent: RICK PALMER  
Street Address: ~~1820 E LOCKWOOD P.D. Box 20426~~  
(NOT P.O. BOX) 3530 N. Hawes Rd #4  
City, State, Zip: MESA AZ 85203-8507

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ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

1. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation in Arizona.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1. Accounting              | <input type="checkbox"/> 16. General Consulting  | <input type="checkbox"/> 31. Restaurant/Bar                      |
| <input type="checkbox"/> 2. Advertising             | <input type="checkbox"/> 17. Health Care         | <input type="checkbox"/> 32. Retail Sales                        |
| <input type="checkbox"/> 3. Aerospace               | <input type="checkbox"/> 18. Hotel/Motel         | <input type="checkbox"/> 33. Science/Research                    |
| <input type="checkbox"/> 4. Agriculture             | <input type="checkbox"/> 19. Import/Export       | <input type="checkbox"/> 34. Sports/Sporting Events              |
| <input type="checkbox"/> 5. Architecture            | <input type="checkbox"/> 20. Insurance           | <input type="checkbox"/> 35. Tax Services                        |
| <input type="checkbox"/> 6. Attorneys at Law        | <input type="checkbox"/> 21. Legal Services      | <input type="checkbox"/> 36. Technology (Computer)               |
| <input type="checkbox"/> 7. Banking/Finance         | <input type="checkbox"/> 22. Manufacturing       | <input type="checkbox"/> 37. Technology (General)                |
| <input type="checkbox"/> 8. Barbers/Cosmetology     | <input type="checkbox"/> 23. Medicine/Dentistry  | <input type="checkbox"/> 38. Television/Radio                    |
| <input checked="" type="checkbox"/> 9. Construction | <input type="checkbox"/> 24. Mining              | <input type="checkbox"/> 39. Tourism/Convention Services         |
| <input type="checkbox"/> 10. Contractor             | <input type="checkbox"/> 25. News Media          | <input type="checkbox"/> 40. Transportation                      |
| <input type="checkbox"/> 11. Credit/Collection      | <input type="checkbox"/> 26. Pharmaceutical      | <input type="checkbox"/> 41. Utilities                           |
| <input type="checkbox"/> 12. Education              | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/<br>Animal Care |
| <input type="checkbox"/> 13. Engineering            | <input type="checkbox"/> 28. Ranching/Livestock  | <input type="checkbox"/> 43. Other _____                         |
| <input type="checkbox"/> 14. Entertainment          | <input type="checkbox"/> 29. Real Estate         |  |
| <input type="checkbox"/> 15. Farming                | <input type="checkbox"/> 30. Resort              |  |

ACC USE ONLY	
Fees	
Penalty	
Total	45

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒ 26 - 100 \_\_\_\_\_ 101 - 500 \_\_\_\_\_ Over 500 \_\_\_\_\_

3. If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below and PRESIDENT or VICE-PRESIDENT must sign page 4 of this report.

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Statutory Agent Name

Address

Signature

City, State, Zip

4. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value
100,000	Common		no par

Number of Shares Issued	Class	Series	Par Value
100	Common		no par

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. **OFFICERS** (If no changes since last report, check here ☒ and go on to Section 6.)

**PRESIDENT:** KEVIN PALMER

Address: PO BOX 30220

MESA, AZ 85275-

Date taking office: 04-30-89

**SECRETARY:** VICKIE PALMER

Address: PO BOX 30220

MESA, AZ 85275-

Date taking office: 04-30-89

**VICE PRESIDENT:** \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**TREASURER:** \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

6. **DIRECTORS** (If no changes since last report, check here ☐ and go on to Section 7.)

**NAME:** KEVIN PALMER

Address: PO BOX 30220

MESA, AZ 85275-

Date taking office: 04-30-89

**NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

7. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

(If no changes since last report, check here ☐ and go on to Section 8.)

**NAME** RICK PALMER

**NAME** LARKIN PALMER

**NAME** KEVIN PALMER

**NAME** \_\_\_\_\_

Custom One Development, Inc.  
(Business Corporation Name)

(File Number)

8. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-125.A.9.)

Complete the following Balance Sheet, OR  
• attach a copy of Schedule L, Form 1120 filed with either the Internal Revenue Service or Arizona Department of Revenue, OR  
• attach a copy of the corporation's financial statement as provided to shareholders pursuant to A.R.S. §10-052 E. Books and Records, OR  
• attach a copy of your Financial Report to Shareholders as required by A.R.S. §10-127, OR  
• If no business conducted this fiscal year, so state.

**BALANCE SHEET**

**ASSETS**

**Current Assets:**

Cash

\$ 0

Trade notes and accounts receivable  
(less allowance for bad debts)

\_\_\_\_\_

Inventories

\_\_\_\_\_

Other current assets

\_\_\_\_\_

Total Current Assets

\$ 0

Investments

Land, buildings and other fixed assets

(net of accumulated depreciation)

Intangible assets (net of amortization)

Loans to shareholders

Other assets

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Assets

\$ 0

**LIABILITIES AND OWNERS' EQUITY**

**Current Liabilities:**

Accounts Payable

\$ 0

Mortgages, notes, bonds

(payable in less than 1 year)

Other current liabilities

\_\_\_\_\_

\_\_\_\_\_

Total current liabilities

\$ 0

Mortgages, notes, bonds

(payable in more than 1 year)

Loans from shareholders

Other liabilities

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Liabilities

\$ 0

Capital stock:

(a) Preferred stock

(b) Common stock

\_\_\_\_\_

\_\_\_\_\_

Paid-in or capital surplus

Less cost of treasury stock

Retained earnings

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Capital

\$ 0

**TOTAL LIABILITIES AND EQUITY**

\$ 0

9.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-128)

Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:

- (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) involved the violation of the consumer fraud laws of that jurisdiction, or
- (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES \_\_\_\_\_

NO X

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- |   |   |
|---|---|
| 1. Full name and prior names used.                          | 5. Date and location of birth.  |
| 2. Full birth name.   | 6. Social Security Number   |
| 3. Present home address.                                    | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). |   |

9.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-128.01)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes \_\_\_\_\_ Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_ No X

10. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By [Signature] Date \_\_\_\_\_

By Winnie B. Palmer Date 3-1-96

Title Pres.

Title Sec.