


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90012 040 \*\*\*150.00

**DOCUMENT # 655008**  
 1. Entity Name  
**CS CAPITAL STRATEGIES FINANCIAL GROUP, INC.**




Principal Place of Business: **2 S. ORANGE AVE. #402 ORLANDO, FL 32801**  
 Mailing Address: **2 S. ORANGE AVE. #402 ORLANDO, FL 32801**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



01082004 Chg-P CR2E034 (10/03)  
 4. FEI Number **59-1969645** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**SIMON, DAVID H**  
**2 SOUTH ORANGE AVE.**  
**SUITE 402**  
**ORLANDO, FL 32801**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 re-instating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLLINS, HAROLD H.</b>	
STREET ADDRESS	<b>1709 LORENA LANE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>SIMON, DAVID H</b>	
STREET ADDRESS	<b>2 S. ORANGE AVE. #402</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32801</b>	
TITLE	<del>William F. Geisler</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William F. Geisler</b>	
STREET ADDRESS	<b>4025 W. Danby Ct.</b>	
CITY-ST-ZIP	<b>Winter Springs FL 32708</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a address, with all other like empowered.

SIGNATURE: David H Simon 11/8/04 (407) 422-5400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #