

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655008

**FILED**  
**Jan 31, 2005**  
**Secretary of State**

**Entity Name:** CS CAPITAL STRATEGIES FINANCIAL GROUP, INC.

**Current Principal Place of Business:**

2 S. ORANGE AVE.  
#402  
ORLANDO, FL 32801

**New Principal Place of Business:**

100 WEST LUCERNE CIRCLE  
#500  
ORLANDO, FL 32801

**Current Mailing Address:**

2 S. ORANGE AVE.  
#402  
ORLANDO, FL 32801

**New Mailing Address:**

100 WEST LUCERNE CIRCLE  
#500  
ORLANDO, FL 32801

**FEI Number:** 59-1969645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMON, DAVID H  
2 SOUTH ORANGE AVE.  
SUITE 402  
ORLANDO, FL 32801 US

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

SIMON, DAVID H  
100 WEST LUCERNE CIRCLE  
SUITE 500  
ORLANDO, FL 32801 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: \_\_\_\_\_

01/31/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COLLINS, HAROLD H.,  
Address: 1709 LORENA LANE  
City-St-Zip: ORLANDO, FL

Title: DP ( ) Delete  
Name: SIMON, DAVID H  
Address: 2 S.ORANGE AVE. #402  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: GEISLER, WILLIAM F  
Address: 4025 W DAMBY CT  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: SIMON, DAVID H  
Address: 100 W. LUCERNE CIRCLE, SUITE 500  
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change ( ) Addition  
Name: GEISLER, WILLIAM F  
Address: 4025 W DANBY CT  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID H. SIMON

PRES

01/31/2005

Electronic Signature of Signing Officer or Director

Date