


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90085 035 ****61.25

DOCUMENT # F02000004685
 1. Entity Name
CONSERVATION SERVICES GROUP, INCORPORATED



Principal Place of Business: **101 EAST KENNEDY BLVD., SUITE 1490 TAMPA FL 33602**
 Mailing Address: **40 WASHINGTON ST. WESTBOROUGH MA 01581 0**

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

City & State

Zip Country

4. FEI Number: **22-2547170**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 reinstating) DATE: _____

**FILE NOW - FEE IS \$61.25
 Due By May 1, 2005**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: CEO NAME: COWELL, STEPHEN L STREET ADDRESS: 40 WASHINGTON STREET CITY-ST-ZIP: WESTBOROUGH MA 01581	<input type="checkbox"/> Delete
TITLE: COO NAME: KING, ROBERT M STREET ADDRESS: 40 WASHINGTON STREET CITY-ST-ZIP: WESTBOROUGH MA 01581	<input type="checkbox"/> Delete
TITLE: P NAME: PARKER, ADAM L STREET ADDRESS: 40 WASHINGTON STREET CITY-ST-ZIP: WESTBOROUGH MA 01581	<input type="checkbox"/> Delete
TITLE: VP NAME: DYEN, MARK STREET ADDRESS: 40 WASHINGTON STREET CITY-ST-ZIP: WESTBOROUGH MA 01581	<input type="checkbox"/> Delete
TITLE: CFO NAME: PARKER, ADAM L STREET ADDRESS: 40 WASHINGTON STREET CITY-ST-ZIP: WESTBOROUGH MA 01581	<input checked="" type="checkbox"/> Delete
TITLE: DIR NAME: STEELE, BRADLEY STREET ADDRESS: 40 WASHINGTON STREET CITY-ST-ZIP: WESTBOROUGH MA 01581	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CFO NAME: WANDA REINDORF STREET ADDRESS: 40 WASHINGTON STREET CITY-ST-ZIP: WESTBOROUGH MA 01581	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda Reindorf Date: Feb. 5 05 Daytime Phone #: 508 836-9500