

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # G24896**

1. Entity Name  
**CSVS, INC.**



Principal Place of Business

**12500 FORT KING ROAD  
DADE CITY, FL 33525-5609 US**

Mailing Address

**12500 FORT KING ROAD  
DADE CITY, FL 33525-5609 US**



03232008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2285696**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**VAN SKAIA, ALBERT LORENZ  
12500 FORT KING ROAD  
DADE CITY, FL 33525-5609**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                          |
|----------------|--------------------------|
| TITLE          | STD                      |
| NAME           | VAN SKAIA, ALBERT LORENZ |
| STREET ADDRESS | 12500 FORT KING ROAD     |
| CITY-ST-ZIP    | DADE CITY, FL 335255609  |
| TITLE          | PD                       |
| NAME           | VAN SKAIA, CARLA S.      |
| STREET ADDRESS | 12500 FORT KING ROAD     |
| CITY-ST-ZIP    | DADE CITY, FL 335255609  |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

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05/09/08-80006-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address, with all other like empowered.

**SIGNATURE:** *Carla S. Van Skaik* **CARLA VAN SKAIA** **President** **4/20/08** **787-9393**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #