

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G24896

Entity Name: CSVS, INC.

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12500 FORT KING ROAD  
DADE CITY, FL 335255609 US

**New Principal Place of Business:**

**Current Mailing Address:**

12500 FORT KING ROAD  
DADE CITY, FL 335255609 US

**New Mailing Address:**

FEI Number: 59-2285696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VAN SKAIK, ALBERT LORENZ  
12500 FORT KING ROAD  
DADE CITY, FL 335255609 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: VAN SKAIK, ALBERT LORENZ  
Address: 12500 FORT KING ROAD  
City-St-Zip: DADE CITY, FL 335255609 US

Title: PD  
Name: VAN SKAIK, CARLA S.  
Address: 12500 FORT KING ROAD  
City-St-Zip: DADE CITY, FL 335255609 US

I hereby 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 all other like empowered.

SIGNATURE: CARLA S. VAN SKAIK

PD

03/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date