


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000063424

1. Entity Name
 C & S EXPERTISE, INC.



Principal Place of Business
 5535 OSCEOLA DR
 ST CLOUD, FL 34773

Mailing Address
 5535 OSCEOLA DR
 ST CLOUD, FL 34773

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3461041

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, CATHY
 5535 OSCEOLA DR
 ST CLOUD, FL 34773

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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 restate) 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 NAME STREET ADDRESS CITY - ST - ZIP	P HARRIS, CATHY 5535 OSCEOLA DR ST CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARRIS, ROBERT 5535 OSCEOLA DR ST CLOUD, FL 34773
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 02/02/04-80048-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cathy Harris Date: 1/26/04 Daytime Phone #: 407 908 3131