

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90018 002 ***275.00
 09-02-2005 90018 001 ***275.00

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
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2. Principal Place of Business 854 N. Dixie Hwy Suite, Apt. #, etc.	3. Mailing Address 854 N. Dixie Hwy Suite, Apt. #, etc.
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City & State Lantana Fl	City & State Lantana Fl
Zip 33462	Zip 33462
Country	Country



08122005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3461041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, CATHY
 5535 OSCEOLA DR
 ST CLOUD, FL 34773

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1121 Kentucky Ave
 City ST. Cloud FL Zip Code 34769

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 *Cathy Harris* PRES
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRIS, CATHY	
STREET ADDRESS	5535 OSCEOLA DR	
CITY-ST-ZIP	ST CLOUD, FL 34773	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRIS, ROBERT	
STREET ADDRESS	5535 OSCEOLA DR	
CITY-ST-ZIP	ST CLOUD, FL 34773	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HIATT, JAMES	
STREET ADDRESS	5535 OSCEOLA DR	
CITY-ST-ZIP	ST CLOUD, FL 34773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1121 Kentucky Ave.	
CITY-ST-ZIP	St. Cloud, Fl. 34769.	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1320 Ontario Drive	
CITY-ST-ZIP	LAKE WORTH, FL. 33461.	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3281 Diamondhead Road	
CITY-ST-ZIP	Lake Worth, Fl 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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* 8/29/05 407 892-5735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #