2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State
03-30-2007 90144 010 ***150.00

DOCUMENT # P99000058735

1. Entity Name
COST SAVING AND REDUCTION SPECIALISTS, INC.

40046067

Principal Place of Business	Mailing Address
2671 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34953	2671 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34953

01052007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0940017
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEDERGREEN, SUSAN
2328 GINGER TERRACE
JENSEN BEACH, FL 34957

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HEROUX, RICHARD W
STREET ADDRESS	2671 SW PORT ST. LUCIE BLVD.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953
TITLE	VS
NAME	FEDERGREEN, WARREN
STREET ADDRESS	2671 SW PORT ST. LUCIE BLVD.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953
TITLE	DIRECTOR
NAME	ELSA W. HEROUX
STREET ADDRESS	656 SE CHAPON TERRACE
CITY-ST-ZIP	PORT ST. LUCIE FL 34983
TITLE	DIRECTOR
NAME	SUSAN FEDERGREEN
STREET ADDRESS	2328 GINGER TERRACE
CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/21/2007 7723442334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #