

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 543967

FILED
Apr 27, 2005
Secretary of State

Entity Name: CONSUMERS SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

9650 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9650 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

New Mailing Address:

P. O. BOX 8670
JACKSONVILLE, FL 32239

FEI Number: 59-1782506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICHOLS, ROBERT C
1234 LIVE OAK DR
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BUCKINGHAM, WILLIAM T
9650 ATLANTIC BLVD
JACKSONVILLE, FL 32225 US

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: WILLIAM T BUCKINGHAM

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIDSON, FIELD A
Address: 9650 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: NICHOLS, ROBERT C.,
Address: 9650 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: T (X) Delete
Name: SISK, JACK
Address: 9650 ATLANTIC BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSTD (X) Change () Addition
Name: BUCKINGHAM, WILLIAM T
Address: 9650 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM T BUCKINGHAM

VSTD

04/27/2005

Electronic Signature of Signing Officer or Director

Date