

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 543967

Entity Name: CONSUMERS SERVICES OF FLORIDA, INC.**Current Principal Place of Business:**1710 CORPORATE CROSSING
SUITE 1
O'FALLON, IL 62269**Current Mailing Address:**P. O. BOX 961
O'FALLON, IL 62269**FEI Number:** 59-1782506**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BRYAN, JOHN B
Address	1331 LAMAR ST. SUITE 1451
City-State-Zip:	HOUSTON TX 77010

Title	SD
Name	BRYAN, JAMES P
Address	1331 LAMAR SUITE 1450
City-State-Zip:	HOUSTON TX 77010

Title	EVPD
Name	KREKE, ALLEN D
Address	1710 CORPORATE CROSSING SUITE 1
City-State-Zip:	O'FALLON IL 62269

Title	TR
Name	BRYAN, JOHN S
Address	136 E 71ST
City-State-Zip:	NEW YORK NY 10021

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: ALLEN D KREKE

EVP

01/12/2017

Electronic Signature of Signing Officer/Director Detail_____
Date