

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 572142

Entity Name: C.S.M. ENTERPRISES, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

200 SW QUAIL HEIGHTS TERR
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

200 SW QUAIL HEIGHTS TERR
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-1823091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STE-MARIE, CARL
200 SW QUAIL HEIGHTS TERRACE
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STE-MARIE, CLAUDE,
Address: 200 SW QUAIL HEIGHTS TERR
City-St-Zip: LAKE CITY, FL 32025 US

Title: S () Delete
Name: STE-MARIE, NICOLE
Address: 200 SW QUAIL HEIGHTS TERR
City-St-Zip: LAKE CITY, FL 32025 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STE-MARIE, CLAUDE,
Address: 8035 SOUTH US HIGHWAY 129
City-St-Zip: JASPER, FL 32052 US

Title: S (X) Change () Addition
Name: STE-MARIE, NICOLE
Address: 8035 SOUTH US HIGHWAY 129
City-St-Zip: JASPER, FL 32052 US

Title: VP () Change (X) Addition
Name: STE-MARIE, CARL
Address: 200 SW QUAIL HEIGHTS TERRACE
City-St-Zip: LAKE CITY, FL 32025 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLAUDE STE-MARIE

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date