

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 584772**

1. Entity Name  
C.S.O. INTERNATIONAL, INC.



Principal Place of Business

5 BENTWOOD ROAD  
PALM BEACH GARDENS, FL 33418

Mailing Address

5 BENTWOOD ROAD  
PALM BEACH GARDENS, FL 33418

FILED

04 FEB 24 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02162004 No Chg-P CR2E034(10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1972266

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, PAUL S  
5 BENTWOOD  
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000029322420  
02/24/04--01061--002 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKER, PAUL S
STREET ADDRESS	5 BENTWOOD ROAD
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VD
NAME	WALKER, MARY R
STREET ADDRESS	5 BENTWOOD ROAD
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 2-23-04 ✓ 561-625-9854