

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 858168 1. Entity Name CSF INTERNATIONAL, INC.	
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Principal Place of Business 1629 BARBER ROAD SARASOTA, FL 34240-6392	Mailing Address 1629 BARBER ROAD SARASOTA, FL 34240-6392
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-0992673	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GODOWN, ROBERT L.
345 SOUTH SHORE DRIVE
SARASOTA, FL 34234

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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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV GODOWN, BURMA 345 SOUTH SHORE DRIVE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCO GODOWN, ROBERT L. 345 SOUTH SHORE DRIVE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODOWN, ROBERT L. 345 SOUTH SHORE DRIVE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV CAPPADORA, ANTHONY W. 7320 SOUTH SERENOA DRIVE SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/04-80015-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert L. Godown ROBERT L. GODOWN 1/21/2004 941-379-0881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #