2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 858168

1. Entity Name
CSF INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1629 BARBER ROAD SARASOTA, FL 34240-6392	1629 BARBER ROAD SARASOTA, FL 34240-6392

07082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be *Added to Fees*

10. OFFICERS AND DIRECTORS

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

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07/20/05-80006-016 550.00

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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)(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: Robert L Godown Robert L. Godown 07/08/2005 941-379-0881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #