

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 858168

1. Entity Name
CSF INTERNATIONAL, INC.



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

Mailing Address
**1629 BARBER ROAD
SARASOTA, FL 34240-6392**



04112006 No Chg-P CR2E034 (11/05)

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**

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	

U00000507853
04/27/06-80071-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 04/12/2006 941-379-0881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #