

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90009 012 ***550.00

DOCUMENT # F01000001697					
1. Entity Name CSR ELECTRONICS, INC.					
Principal Place of Business 735 PRIMERA BLVD., STE 100 LAKE MARY, FL 32746			Mailing Address 735 PRIMERA BLVD., STE 100 LAKE MARY, FL 32746		
2. Principal Place of Business		3. Mailing Address 303 Williams Ave #931			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Huntsville, AL		4. FEI Number 57-0710521	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 35801		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCLINTOCK, FAYE 735 PRIMERA BLVD., STE 100 LAKE MARY, FL 32746			Name Mike McCleskey		
			Street Address (P.O. Box Number is Not Acceptable)		
			735 Primera Blvd Suite 100		
			City Lake Mary		FL Zip Code 32746
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 <i>Mike McCleskey</i> DATE <i>July 14, 2004</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COVEY, JOHN E 303 WILLIAMS AVE., STE 931 HUNTSVILLE, AL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLSON, THERESA 303 WILLIAMS AVE., STE 931 HUNTSVILLE, AL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDOWELL, JAMES 5848 FARINGDON PL, STE 2 RALEIGH, NC	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONALDSON, STEVE 3555 KOGER BLVD., STE 120 DULUTH, GA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Theresa Nicholson</i> DATE <i>July 14, 2004</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Theresa Nicholson 256-533-2444 <small>Date Daytime Phone #</small>					