

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	
Zip	Country	Zip	Country
		35801	USA
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	FL Zip Code
		Lake Mary	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>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when renewing)	
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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVEY, JOHN E	NAME	
STREET ADDRESS	303 WILLIAMS AVE., STE 931	STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE, AL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, THERESA	NAME	
STREET ADDRESS	303 WILLIAMS AVE., STE 931	STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE, AL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, JAMES	NAME	
STREET ADDRESS	5848 FARINGDON PL, STE 2	STREET ADDRESS	
CITY-ST-ZIP	RALEIGH, NC	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, STEVE	NAME	
STREET ADDRESS	3555 KOGER BLVD., STE 120	STREET ADDRESS	
CITY-ST-ZIP	DULUTH, GA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # <i>256-533-2444</i>	

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07062004 Chg-P CR2E034 (10/03)

4. FEI Number 57-0710521 Applied For Not Applicable

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