

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90022 023 ***150.00

DOCUMENT # F01000001697

1. Entity Name

CSR ELECTRONICS, INC.



Principal Place of Business

735 PRIMERA BLVD., STE 100
LAKE MARY FL 32746

Mailing Address

303 WILLIAMS AVE #931
HUNTSVILLE AL 35801



2. Principal Place of Business - No P.O. Box #

5950 HAZELTINE NATIONAL DRIVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 615

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

ORLANDO, FL

City & State

4. FEI Number

57-0710521

Applied For

Not Applicable

Zip

32822

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLESKEY, MIKE
1814 BILLINGSHURST COURT
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME COVEY, JOHN E
STREET ADDRESS 303 WILLIAMS AVE., STE 931
CITY-STATE-ZIP HUNTSVILLE AL 35801

TITLE T ☐ Delete
NAME COVEY, JAMES
STREET ADDRESS 303 WILLIAMS AVE., STE 931
CITY-STATE-ZIP HUNTSVILLE AL 35801

TITLE V ☐ Delete
NAME MCDOWELL, JAMES
STREET ADDRESS 6131 FALLS OF NEUSE RD #105
CITY-STATE-ZIP RALEIGH NC 27609

TITLE S ☐ Delete
NAME DONALDSON, STEVE
STREET ADDRESS 3675 CRESTWOOD PKWY SUITE 255
CITY-STATE-ZIP DULUTH GA 30096

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 256-533-2444

Date

Daytime Phone #