

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002123

1. Entity Name
CCSI INC.



Principal Place of Business
3509 US ROUTE 22 EAST
SOMERVILLE, NJ 08876

Mailing Address
3509 US ROUTE 22 EAST
SOMERVILLE, NJ 08876



08272004 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0730377

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARLSON, STEVE
746 PLANTERS MANNER WAY
BRADENTON, FL 34202

**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 STEVE CARLSON PRESIDENT (CCSI) 8-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW! FEE IS \$550.00
Due by September 8, 2004

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

1100000171372

09/01/04-80003-024 550.00

10. OFFICERS AND DIRECTORS

TITLE SP
NAME PREISS, DIRK M
STREET ADDRESS 3509 US RT 22 EAST
CITY-ST-ZIP SOMERVILLE, NJ 08876

TITLE P
NAME BALDABAKRE, PAUL J
STREET ADDRESS 3509 US ROUTE 22 EAST
CITY-ST-ZIP SOMERVILLE, NJ 08876

TITLE V
NAME SPARUTO, FRANK
STREET ADDRESS 3509 US ROUTE 22 EAST
CITY-ST-ZIP SOMERVILLE, NJ 08876

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: [Signature] CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-04 908534-5444
Date Daytime Phone #