

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM  
Secretary of State

DOCUMENT # H78606

1. Entity Name  
C & S MANAGEMENT SERVICES, INC.



Principal Place of Business

3026 CHRIS LANE  
ORLANDO, FL 32806

Mailing Address

3026 CHRIS LANE  
ORLANDO, FL 32806



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2579871

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

JAY M. WILSON  
3026 CHRIS LANE  
ORLANDO, FL 32806

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 reinstating)

DATE

000000178917

01/11/05-80016-005 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WILSON, JAY M.
STREET ADDRESS	3026 CHRIS LANE
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	WILSON, CAROL P.
STREET ADDRESS	3026 CHRIS LANE
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V.P. 1/6/05 407-251-2383