


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # H88091		
1. Entity Name COMMUNICATIONS SUPPORT EQUIPMENT, INC.		
Principal Place of Business 7792 PROFESSIONAL PLACE U.S. 301 INDUSTRIAL PARK TAMPA, FL 33637 US	Mailing Address 7792 PROFFESSIONAL PLACE U.S. 301 INDUSTRIAL PARK TAMPA, FL 33637 US	
DO NOT WRITE IN THIS SPACE		



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2630878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAWTHORNE, GERRY E. 7792 PROFESSIONAL PLACE U.S. 301 INDUSTRIAL PARK TAMPA, FL 33637
--

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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>	<small>(NOTE: If registered agent signature required when reinstating)</small>	DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWTHORNE, GERRY E 17912 ST CROIX ISLE DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAWTHORNE, SHARON A 17912 ST. CROIX ISLE DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAWTHORNE, MICHAEL E 10608 BRANCHTON CHURCH RD THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000179002
01/13/05-80001-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Sharon Hawthorne</i> <i>Sharon Hawthorne</i>	1-03-05 813/988-8909
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>