


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # J97248 1. Entity Name CSM SERVICES OF FLORIDA, INC.	
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Principal Place of Business 3806 GUNN HWY TAMPA, FL 33618	Mailing Address 3806 GUNN HWY TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2886617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YORK, MICHAEL S. 3806 GUNN HWY TAMPA, FL 33618	DO NOT WRITE IN THIS SPACE
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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 title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	U000000298263 04/11/05-80061-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YORK, MICHAEL S. 3806 GUNN HWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOURIGAN, JOHN J. 3806 GUNN HWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ROBERT SR 3806 GUNN HWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLARO, NICK 3806 GUNN HWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORK, ALTA C 3806 GUNN HWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	MICHAEL S. YORK PRESIDENT	4/7/05 <small>Date</small>	813-961-9351 <small>Daytime Phone #</small>
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