

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90291 043 ***150.00

DOCUMENT # J97248

1. Entity Name
CSM SERVICES OF FLORIDA, INC.



Principal Place of Business
**3806 GUNN HWY
TAMPA, FL 33618**

Mailing Address
**3806 GUNN HWY
TAMPA, FL 33618**

60025807



01202006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2886617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**YORK, MICHAEL S.
3806 GUNN HWY
TAMPA, FL 33618**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	YORK, MICHAEL S.	
STREET ADDRESS	3806 GUNN HWY	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HOURIGAN, JOHN J.	
STREET ADDRESS	3806 GUNN HWY	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ROBERT SR	
STREET ADDRESS	3806 GUNN HWY	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	PULLARO, NICK	
STREET ADDRESS	3806 GUNN HWY	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	YORK, ALTA C	
STREET ADDRESS	3806 GUNN HWY	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

MICHAEL S. YORK, 4/11/06 813-961-9351

Date

Daytime Phone #