

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K13548

1. Entity Name
CS3 CONSULTING SERVICES INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 30 AM 8:00

REINSTATEMENT 04



07052004 No Chg-P CR2E034 (10/03) *MRS*

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0017658

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUNCHEY, MARGARET
301 WEST PLATT STREET, #306
TAMPA, FL 33606

**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 *M. Runchey*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/29/04
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004 *750*

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
RUNCHEY, MARGARET
301 WEST PLATT STREET, #306
TAMPA, FL 33606

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CITY-ST-ZIP

800043748178
12/30/04--01044--008 **758.75

**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: *M. Runchey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/04 813 229 825
Date Daytime Phone #