2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL	REPURI				
DOCUMENT # L13949					
1. Entity Name				FILED	
CSB CONSTRUCTION, INC.		阿里	1		
	4	No. of the last of	07	JUN -5 PH	2: 51
Principal Place of Business	Mailing Address		1	a: Arrairi	, I A T C
5742 ASPEN RIDGE CIRCLE	5742 ASPEN RIDGE CIRCLE		Init	ÂHASSEĒ, F	L ORIDA
SUITE C-2 Delray Beach, Fl. 33484	SUITE C-2 Delray Beach, Fl 33484				LONDA
		05222007	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE				 	
		-	4. FEI Numb		Applied For Not Applicable
			5. Certificate	of Status Desired	\$8.75 Additional
6. Name and Address of Current I	Registered Agent	1			Fee Required
	togratar ou regulit				
BALDWIN, CHARLES S 5742 ASPEN RIDGE CIRCLE		DO	NOT W	RITE	
DELRAY BEACH, FL 33484		IN THIS SPACE			
8. The above named entity submits this statement for the obligations of register of agent.	the purpose of changing its register	ed office or registe			
Character Agent]], (06,213	001042 2/0761019	159561 145 **450.00
SIGNATURE Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE: Registere	d Agent signature require	d when reinstating)	74 23/2	DATE
			-	/	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	 Election Campaign Final Trust Fund Contribution. 		.00 May Be ded to Fees	In accordance v	vith s. 607.193(2)(b), F.S., the not receive the prior notice.
	NECTOR				
10. OFFICERS AND I	DIRECTORS				
NAME BALDWIN, CHARLES S					
STREET ADDRESS 5742 ASPEN RIDGE CIRCLE CITY-ST-ZIP DELRAY BEACH, FL 33484					
TITLE					
NAME	17 /				
STREET ADDRESS CITY-ST-ZIP	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				
TITLE	F				
NAME					
STREET ADDRESS CITY-ST-ZIP			DO	NOT W	'RITE
TITLE			_	THIS SF	
NAME			HV	inio or	ACE
STREET ADDRESS CITY-ST-ZIP					
TITLE		1			
NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE		-			
NAME					
STREET ADDRESS CITY-S1-ZIP					
12. Thereby certify that the information supplied with	this filing does not qualify for the ex	■ emptions containe	d in Chapter 11	9, 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 cath; that I am an officer or director of the corporation or the receiver or trusted 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: WOULD OF HOLD HAVE OF SIGNING OFFICER OR DIRECTOR May 23 7.007 S6/-637-600)					
OWARIUME AND ITTED ORPH	AND AND THE OF BRUNING OFFICER ON DIRECT			∪a: (8	UNVIITIO PRIORIO F