


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 10, 2007 08:00 AM  
Secretary of State

DOCUMENT # L33255	
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1. Entity Name  
CFS INDUSTRIES, INC.

Principal Place of Business  
1316 BERRI PATCH PL SUITE 2  
MELBOURNE, FL 32935 US

Mailing Address  
P.O. BOX 410459  
MELBOURNE, FL 32941-7459



07062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2988280	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WRIGHT, HOWELL V  
120 TWIN RIVERS DRIVE  
MERRITT ISLAND, FL 32952

**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

*Howell V Wright*  
Signature, typed or printed name of registered agent and title, if applicable

*Howell V. Wright*  
(NOTE: Registered Agent signature required when reinstating)

*7/6/07*  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, LESIA W 120 TWIN RIVERS DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, HOWELL V 120 TWIN RIVERS DR MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/10/07-80020-023 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Howell V Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Howell V. Wright*

*7/6/07*  
Date

*321-752-1118*  
Daytime Phone #