

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M68264

1. Entity Name

CONSUMER ELECTRONIC SERVICES, INC.



FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business
1019 RIDGEWOOD AVE
HOLLY HILL FL 32117

Mailing Address
1019 RIDGEWOOD AVE
HOLLY HILL FL 32117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2873411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAN, RONALD D.
1145 BRYN MAWR DR
DAYTONA BEACH FL 32114

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BEAN, RONALD D.	
STREET ADDRESS	1145 BRYN MAWR DR	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEAN, AUDREY K.	
STREET ADDRESS	1145 BRYN MAWR DR	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACKEY, DAVID	
STREET ADDRESS	1623 BRIMINGHAM AVE	
CITY - ST - ZIP	HOLLY HILL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACKEY, STEVE	
STREET ADDRESS	1553 SAN JOSE BLVD	
CITY - ST - ZIP	HOLLY HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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
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
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000353341
05/03/05-80064-003 150.00

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: Audrey K. Bean **AUDREY K. BEAN** 04/29/05 386-253-2289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #