

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M68264**

1. Entity Name

CONSUMER ELECTRONIC SERVICES, INC.



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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, 2007 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
BEAN, RONALD D.  
1145 BRYAN MAWR DR  
DAYTONA BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
BEAN, AUDREY K.  
1145 BRYN MAWR DR  
DAYTONA BEACH FL ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MACKEY, DAVID  
1623 BRIMMINGHAM AVE  
HOLLY HILL FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
MACKEY, STEVE  
1553 SAN JOSE BLVD  
HOLLY HILL FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition  
U000000757975  
05/23/07-80091-023 150.00

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Audrey K. Bean AUDREY K. BEAN 04/26/07 386-253-2289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #