

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90035 022 \*\*\*150.00

**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

4. FEI Number

59-2873411

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

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 obligation of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when cancelling)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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 ☐ Delete  
NAME BEAN, RONALD D.  
STREET ADDRESS 1145 BRYAN MAWR DR  
CITY-ST-ZIP DAYTONA BEACH FL

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

TITLE S ☐ Delete  
NAME MACKEY, DAVID  
STREET ADDRESS 1623 BRIMINGHAM AVE  
CITY-ST-ZIP HOLLY HILL FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition  
NAME WHITE, PATRICA L  
STREET ADDRESS 425 DIVISION AVE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ronald D. Bean* RONALD D BEAN

04/30/2008

386-253-2289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #