


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90218 006 ****61.25

DOCUMENT # N03000008835	
1. Entity Name CSD, INC.	

Principal Place of Business 927 HOFFNER AVE ORLANDO, FL 32809	Mailing Address 5535 BROOKLINE DRIVE ORLANDO, FL 32819
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02102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 54-2119264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRITZ, SANDRA M 5535 BROOKLINE DRIVE 7535 SOMERSET SHORES COURT ORLANDO, FL 32819

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HARVEY, MARVIN 927 HOFFNER AVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLINGS, RICK 10363 WINDERMERE CHASE BOULEVARD GOTHA, FL 34734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, PAUL MD 110 W UNDERWOOD ST ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUETZOW, JAMES 380 RINGWOOD CIRCLE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T FRITZ, SANDRA M 5535 BROOKLINE DRIVE 7535 SOMERSET SHORES COURT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, THOMAS M DR 2523 WEST JEFFON AVENUE TAMPA, FL 33629

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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 617, 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:  SANDRA FRITZ 4/25/06 407/257-8260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #