

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90004 047 *****70.00

44046104



DOCUMENT # N95000001286 1. Entity Name CONSUMER SUPPORT SERVICES, INCORPORATED					
Principal Place of Business 157 EAST 8TH STREET SUITE 116 JACKSONVILLE, FL 32206			Mailing Address 157 EAST 8TH STREET SUITE 116 JACKSONVILLE, FL 32206		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3303369	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEVENSON, MICHAEL TROY 157 EAST 8TH STREET #116 JACKSONVILLE, FL 32206			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENSON, MICHAEL TROY		NAME		
STREET ADDRESS	1141 WHITEBAY LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32245		CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ-SALAZAR, BARBARA		NAME		
STREET ADDRESS	PO BOX 47796		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GIACASA, MIKE		NAME	<i>VD Dick Warfel</i>	
STREET ADDRESS	4063 SALISBURY RD. ST. #108		STREET ADDRESS	<i>4383 S.W. Berwyn Dr</i>	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	<i>Jacksonville FL 32250</i>	
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVESOY, JULIE		NAME		
STREET ADDRESS	607 PARADISE CT.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <i>Michael Stevenson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>5-11-04</i> (904) 726-0026 <small>Daytime Phone #</small>		