

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005345

FILED  
Feb 16, 2010  
Secretary of State

Entity Name: C S N MANAGEMENT CORP.

**Current Principal Place of Business:**

3615 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 291276  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

FEI Number: 59-3418287      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARCLEY, KATHY  
1326 S. RIDGEWOOD AVE. #14  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HESSLER, RICK  
Address: 3615 S. ATLANTIC AVENUE #209  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DVP  
Name: BRAY, JAMES  
Address: 2986 ST. ANDREWS WAY  
City-St-Zip: ELLIJAY, GA 30536

Title: DS  
Name: CONNELLY, JACQUE  
Address: 6020 HENSEL RD  
City-St-Zip: PORT ORANGE, FL 32127

Title: DT  
Name: KRAUSE, JOHN  
Address: 3615 S ATLANTIC AVE #212  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D  
Name: BROWN, SCOTT  
Address: 2177 REBECCA DR.  
City-St-Zip: HATFIELD, PA 19440

Title: D  
Name: GILL, HERBERT  
Address: 6701 GREENYARD RD  
City-St-Zip: CHESTER, VA 23831

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY MARCLEY

RA

02/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date