


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # .N96000005130</b> 1. Entity Name C.S. SEDCO, INC.	
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Principal Place of Business 765 SW 14TH ST BELLE GLADE FL 33430	Mailing Address 765 SW 14TH ST BELLE GLADE FL 33430
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>65-0724779</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  SHEELY, CARRIE 765 SW 14TH ST BELLE GLADE FL 33430	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD SHEELY, CARRIE	<input type="checkbox"/>
NAME	765 SW 14TH ST	
STREET ADDRESS	BELLE GLADE FL 33430	
CITY-ST-ZIP		
TITLE	SD CLARK, WILLIAM	<input type="checkbox"/>
NAME	765 SW 14TH ST	
STREET ADDRESS	BELLE GLADE FL 33430	
CITY-ST-ZIP		
TITLE	TD JOHNSON, SABRINA	<input type="checkbox"/>
NAME	300 NW 11TH LOT 38	
STREET ADDRESS	BELLE GLADE FL 33430	
CITY-ST-ZIP		
TITLE	VD WARD, BETTY	<input type="checkbox"/>
NAME	300 NW 11TH ST.	
STREET ADDRESS	BELLE GLADE FL 33430	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000649806		
NAME	03/07/07-80067-001 75.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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: Carrise Sheely 1/30/07 561-996-8661