

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009
CORPORATION
ANNUAL
REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR -6 PM 1:58

DOCUMENT # N96000005130

1. Corporation Name

C.S.SEDCO, INC.

200148823672
04/06/09--01045--039 **70.00

2. Principal Office Address - No P.O. Box # 765 S.W. 14TH STREET		3. Mailing Office Address 765 SW 14TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BELLE GLADE, FLORIDA		City & State BELLE GLADE, FLORIDA	
Zip 33430	Country	Zip 33430	Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0724779

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SHEELY CARRIE

Street Address (P.O. Box Number is Not Acceptable)
765 SW 14TH ST

Suite, Apt. #, Etc.

City
BELLE GLADE FLORIDA

State
FL

Zip Code
33430

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SHEELY, CARRIE	765 SW 14TH ST	BELLE GLADE, FL33430
SD	CLARK, WILLIAM	765 SW 14TH ST	BELLE GLADE, FL 33430
TD	JOHNSON, SABRINA	300 SW 11TH ST	BELLE GLADE, FL33430
VD	WARD, BETTY	300 NW 11TH ST	BELLE GLADE, FL 33430

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Carrie Sheely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carrie Sheely

04/02/09

Date

561-996-8661

Daytime Phone #