2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# N96000005130

Entity Name: C.S. SEDCO, INC.

Current Principal Place of Business:

765 SW 14TH ST
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

765 SW 14TH ST
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 65-0724779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHEELY, CARRIE
765 SW 14TH ST
BELLE GLADE, FL 33430 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: PD
Name: SHEELY, CARRIE
Address: 765 SW 14TH ST
City-St-Zip: BELLE GLADE, FL 33430 US

Title: SD
Name: CLARK, WILLIAM SHEELY
Address: 765 SW 14TH ST
City-St-Zip: BELLE GLADE, FL 33430 US

Title: TD
Name: JOHNSON, SABRINA
Address: 300 NW 11TH LOT 38
City-St-Zip: BELLE GLADE, FL 33430

Title: VD
Name: WARD, BETTY
Address: 300 NW 11TH ST.
City-St-Zip: BELLE GLADE, FL 33430 US

Title: DR
Name: CARRIE, SHEELY
Address: 233 .S. W. 16TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: PD
Name: SHEELY, CARRIE
Address: 233 .S. W. 16TH STREET
City-St-Zip: BELLE GLADE, FL 33430

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: CARRIE SHEELY DR 04/12/2012
Electronic Signature of Signing Officer or Director Date