

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000010040

Entity Name: CSP CONSULTANTS, INC.

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

514 LANTERNBACK ISLAND DR  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

514 LANTERNBACK ISLAND DR  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

FEI Number: 59-3624947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAPPAS, COSTAS  
514 LANTERN BACK ISLAND DRIVE  
SATELLITE BEACH, FL 32937 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: PAPPAS, COSTAS  
Address: 514 LANTERBACK ISLAND DR  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DVS  
Name: PAPPAS, REGINE  
Address: 514 LANTERBACK ISLAND DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COSTAS PAPPAS

DPT

04/07/2010

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

\_\_\_\_\_  
Date