

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90058 024 ***150.00

DOCUMENT # P00000086924 1. Entity Name C.F.S., INC.																											
Principal Place of Business 2360-3 CHRISOPHER PLACE TALLAHASSEE, FL 32312		Mailing Address 2360-3 CHRISOPHER PLACE TALLAHASSEE, FL 32312																									
2. Principal Place of Business 2151 DELTA BLVD Suite, Apt. #, etc. Suite 101 City & State TALLAHASSEE, FLORIDA Zip 32303 Country USA		3. Mailing Address 2151 DELTA BLVD Suite, Apt. #, etc. Suite 101 City & State TALLAHASSEE, FLORIDA Zip 32303 Country USA																									
4. FEI Number 59-3670363		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CONLAN, MICHAEL J 2360-3 CHRISOPHER PLACE TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name MICHAEL J. CONLAN Street Address (P.O. Box Number is Not Acceptable) 2151 Delta Blvd Suite 101 City TALLAHASSEE FL Zip Code 32303																									
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: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CONLAN, MICHAEL J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2360-3 CHRISTOPHER PLACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TALLAHASSEE, FL 32312</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	CONLAN, MICHAEL J		STREET ADDRESS	2360-3 CHRISTOPHER PLACE		CITY - ST - ZIP	TALLAHASSEE, FL 32312		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MICHAEL J. CONLAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2151 Delta Blvd. Suite 101</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TALLAHASSEE, FLORIDA 32303</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MICHAEL J. CONLAN		STREET ADDRESS	2151 Delta Blvd. Suite 101		CITY - ST - ZIP	TALLAHASSEE, FLORIDA 32303	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/24/05 880-386-6644 <small>Date Daytime Phone #</small>																									