

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

1. Entity Name  
C.F.S., INC.



Mailing Address  
2151 DELTA BLVD  
SUITE 101  
TALLAHASSEE, FL 32303

**DO NOT WRITE IN THIS SPACE**



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3670363

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CONLAN, MICHAEL J  
2151 DELTA BLVD  
SUITE 101  
TALLAHASSEE, FL 32303

**DO NOT WRITE  
IN THIS SPACE**

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

ations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

TITLE	D
NAME	CONLAN, MICHAEL J
STREET ADDRESS	2151 DELTA BLVD STE 101
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Michael Conlan Michael Conlan President 2/2/06 850-386-6694  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #