2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000110861

1. Entity Name CENSEO CORPORATION



FILED
Jan 15, 2004 08:00 AM
Secretary of State

Principal Place of Business

668 N ORLANDO AV SUITE 210 MAITLAND, FL 32751 Mailing Address 668 N ORLANDO AV SUITE 210 MAITLAND, FL 32751



DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3683790

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAZAZIS, MICHAEL J 668 N ORLANDO AV SUITE 210 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changi	ng its registered office	e or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered agent and title	if applicable,	(NOTE Registered Agent sig	gnature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	1 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOSS, RONALD H 8716 FERNWICKLE CT. ORLANDO, FL 32819				//09000004264 01/15/04-80004-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HIGGINS, CARLA 219 DUNCAN TRAIL LONGWOOD, FL 32779			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KAZAZIS, MICHAEL J 459 LONGMEADOW LANE LONGWOOD, FL 32779				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIGGINS, JIM 219 DUNCAN TRAIL LONGWOOD, FL 32779				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHOKSHI, DIKESH 1030 FRONT CREEK CT. OVIEDO, FL. 32765				
TITLE NAME STREET ADDRESS CITY-ST-7IP				-	·

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04 407-645-1600 x130