

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90363 018 \*\*\*158.75

**DOCUMENT # P00000113565**

1. Entity Name  
**CONTRACT SERVICES ORGANIZATION, INC.**



40033918

Principal Place of Business  
**127 MIRACLE STRIP PKWY  
STE N7  
FT. WALTON BEACH, FL 32548**

Mailing Address  
**127 MIRACLE STRIP PKWY  
STE N7  
FT. WALTON BEACH, FL 32548**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-3673128**

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**MEAD, MICHAEL W PA  
24 WALTER MARTIN RD  
STE 3  
FT. WALTON BEACH, FL 32548**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **BROOKS, GENE**  
STREET ADDRESS **127 MIRACLE STRIP PKWY STE N7**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SVP** ☐ Delete  
NAME **FOSTER BROOKS, JANICE**  
STREET ADDRESS **127 MIRACLE STRIP PKWY STE N7**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **DIR**  
STREET ADDRESS **STEPHEN FLINT**  
CITY-ST-ZIP **127 MIRACLE STRIP PKWY STE N-7**  
**FORT WALTON BEACH, FL 32548**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **DIR**  
STREET ADDRESS **MICHAEL BONNEAU**  
CITY-ST-ZIP **127 MIRACLE STRIP PKWY STE N-7**  
**FORT WALTON BEACH, FL 32548**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Marion E. Brooks*

**MARION E. BROOKS**

**3/8/07**

**(850) 243-5604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #