

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000113565

1. Entity Name  
CONTRACT SERVICES ORGANIZATION, INC.



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



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3673128  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE D  
NAME FLINT, STEPHEN  
STREET ADDRESS 127 MIRACLE STRIP PKWY. STE N-7  
CITY- ST- ZIP FORT WALTON BEACH, FL 32548

TITLE D  
NAME BONNEAU, MICHAEL  
STREET ADDRESS 127 MIRACLE STRIP PKWY STE N-7  
CITY- ST- ZIP FORT WALTON BEACH, FL 32548

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000832004  
02/27/08-80041-012 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/08

(850) 243-5604

Daytime Phone #