## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000113565

1 Entity Name

CONTRACT SERVICES ORGANIZATION, INC.



Principal Place of Business

127 MIRACLE STRIP PKWY

STE N7

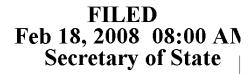
FT. WALTON BEACH, FL 32548

Mailing Address

127 MIRACLE STRIP PKWY

STE N7

FT. WALTON BEACH, FL 32548





## DO NOT WRITE IN THIS SPACE

01162008

No Chg-P

CR2E034 (11/05)

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 STF 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

surgicate hyped or unnited name of registered agent and title if applicate

(NOTE, Registered Agent signature required when reinstating)

DATE

## FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

After M	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.
10.	OFFICERS AND DIREC	CTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, GENE 127 MIRACLE STRIP PKWY STE N7 FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVP FOSTER BROOKS, JANICE 127 MIRACLE STRIP PKWY STE N7 FORT WALTON BEACH, FL 32548	
NAME STREET ADDRESS CITY-ST-ZIP	D FLINT, STEPHEN 127 MIRACLE STRIP PKWY, STE N-7 FORT WALTON BEACH, FL 32548	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNEAU, MICHAEL 127 MIRACLE STRIP PKWY STE N-7 FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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DO NOT WRITE
IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08

(850) 243-5604

Daytime Phone