2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# P00000113565

Entity Name: CONTRACT SERVICES ORGANIZATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3673128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BROOKS, GENE
Address: 127 MIRACLE STRIP PKWY STE N7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SVP ( ) Delete
Name: FOSTER BROOKS, JANICE
Address: 127 MIRACLE STRIP PKWY STE N7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: FLINT, STEPHEN
Address: 127 MIRACLE STRIP PKWY. STE N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: BONNEAU, MICHAEL
Address: 127 MIRACLE STRIP PKWY STE N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change ( ) Addition
Name: SMITH, KIM
Address: 127 MIRACLE STRIP PKWY. STE N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM SMITH C 03/12/2009

Electronic Signature of Signing Officer or Director — Date