

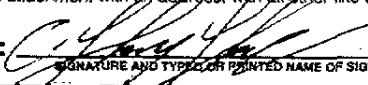


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000012960</b>		
1. Entity Name CS2 CORPORATION		
Principal Place of Business 1085 HOWELL HARBOR DRIVE CASSELBERRY, FL 32707		Mailing Address 1085 HOWELL HARBOR DRIVE CASSELBERRY, FL 32707
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01062004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3706196 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  SCHNEIDER, C THOMAS 1085 HOWELL HARBOR DR. CASSELBERRY, FL 32707-5800		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> U000000032849 02/05/04-80020-001 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, C. THOMAS 1085 HOWELL HARBOR DRIVE CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, NOREEN L 1085 HOWELL HARBOR DRIVE CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  C. Thomas Schneider		407-696-2603 407-696-2603 Date: 1/31/04 Daytime Phone: _____