

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018992

Entity Name: CSO INDUSTRIES, INC.

FILED
Apr 16, 2005
Secretary of State

Current Principal Place of Business:

3111 W. DR. M.L.KING JR. BLVD.
SUITE 100
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3111 W. DR. M.L.KING JR. BLVD.
SUITE 100
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3736201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, CHARLES S III
3111 W. DR. M.L.KING JR. BLVD.
SUITE 100
TAMPA, FL 33607 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: D () Delete
Name: OWENS, CHARLES S III
Address: 2787 ENTERPRISE RD EAST #12
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: OWENS, DOROTHY K
Address: 2787 ENTERPRISE RD EAST #12
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: OWENS, KATHY M
Address: 7501 142ND AVE #410
City-St-Zip: LARGO, FL 33677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. CHARLIE OWENS III

D

04/16/2005

Electronic Signature of Signing Officer or Director

Date