

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90010 010 ***150.00

DOCUMENT # P01000061639

1. Entity Name

C S CONCRETE FINISHING INC.



Principal Place of Business

6900 N. US HWY. 1
COCOA FL 32927

Mailing Address

6900 N. US HWY. 1
COCOA FL 32927

2. Principal Place of Business

6845 Riveredge Drive

Suite, Apt. #, etc.

3. Mailing Address

6845 Riveredge Drive

Suite, Apt. #, etc.

City & State

Titusville, FL

Zip

32780

Country

USA

City & State

Titusville, FL

Zip

32780

Country

USA

4. FEI Number

59-3734501

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLATER, CYNTHIA
6900 N. US HWY. 1
COCOA FL 32927

7. Name and Address of New Registered Agent

Name Slater, Cynthia

Street Address (P.O. Box Number is Not Acceptable)

6845 Riveredge Drive

City Titusville

FL

Zip Code 32780

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SLATER, CYNTHIA
STREET ADDRESS 6900 N. US HWY. 1
CITY-ST-ZIP COCOA FL 32927

TITLE D ☐ Delete
NAME BOLAND, DONALD
STREET ADDRESS 6855 RIVEREDGE DR.
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Slater, Cynthia
STREET ADDRESS 6845 Riveredge Drive
CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

Cynthia Slater, President 3/15/04 321-403-8226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #