

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90131 001 \*\*\*600.00

**DOCUMENT # P01000072936**

1. Entity Name  
**C & S FINANCE ORLANDO, INC.**



Principal Place of Business  
**6363 COLONIAL DR  
ORLANDO, FL 32807**

Mailing Address  
**5715 DARROW RD.  
HUDSON, OH 44236**

**66431107**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**34-1962724**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARPER, LEWIS W  
76 S. LAURA STREET  
SUITE 1700  
JACKSONVILLE, FL 32202**

Name

**BMD Florida Service, LLC**

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

**76 South Laura Street**

Suite 1700

City

**Jacksonville**

**FL**

Zip Code  
**32202**

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.

**BMD Florida Service, LLC**

**John F. Martin, Vice President**

**7/26/04**

SIGNATURE: *John F. Martin*  
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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **CLARKE, TODD L**  
STREET ADDRESS **4086 FAR-O-WAY LANE**  
CITY-ST-ZIP **RICHFIELD, OH 44286**

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

TITLE **DVP** ☐ Delete  
NAME **SERPENTINI, ROBERT M**  
STREET ADDRESS **1989 FOUR SEASONS DRIVE**  
CITY-ST-ZIP **AKRON, OH 44333**

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

TITLE **DVPT** ☐ Delete  
NAME **CLARKE, ERIC A**  
STREET ADDRESS **4065 FAR-O-WAY LANE**  
CITY-ST-ZIP **RICHFIELD, OH 44286**

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

TITLE **VPS** ☐ Delete  
NAME **LUSTIK, GREG**  
STREET ADDRESS **3331 DEER CREEK TRAIL**  
CITY-ST-ZIP **RICHFIELD, OH 44288**

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

TITLE **VP** ☐ Delete  
NAME **DAVIS, MARC**  
STREET ADDRESS **6303 MACLAURIN DRIVE**  
CITY-ST-ZIP **TAMPA, FL 33647**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE: *Greg Lustik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/27/04 330-342-7531**