


2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 JUN 23 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		
2. Principal Place of Business			3. Mailing Address 6363 Colonial Drive		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Orlando, Florida		
Zip	Country	Zip	Country	4. FEI Number 34-1962724	
32807				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BMD FLORIDA SERVICE LLC 76 S. LAURA STREET SUITE 1700 JACKSONVILLE, FL 32202				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP CLARKE, TODD L 4086 FAR-O-WAY LANE RICHFIELD, OH 44286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5715 Darrow Road Hudson, Ohio 44236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SERPENTINI, ROBERT M 1989 FOUR SEASONS DRIVE AKRON, OH 44333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000056611030 06/28/05--01037--005 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CLARKE, ERIC A 4065 FAR-O-WAY LANE RICHFIELD, OH 44286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5715 Darrow Road Hudson, Ohio 44236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LUSTIK, GREG 3331 DEER CREEK TRAIL RICHFIELD, OH 44288 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5715 Darrow Road Hudson, Ohio 44236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, MARC 6303 MACLAURIN DRIVE TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		6-10-2005		(407) 382-6565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	