

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 JUN 23 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072942

1. Entity Name
C & S ORLANDO, INC.



Principal Place of Business
6363 COLONIAL DRIVE
ORLANDO, FL 32807

Mailing Address
5715 DARROW RD.
HUDSON, OH 44236



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
6363 Colonial Drive
Suite, Apt. #, etc.

06072005 Chg-P CR2E034 (10/03)

City & State
Orlando, Florida

4. FEI Number
~~04-1003788~~ 34-1962725

Applied For
Not Applicable

Zip Country Zip Country
32807

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BMD FLORIDA SERVICE LLC
76 SOUTH LAURA STREET
SUITE 1700
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

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. ☐

\$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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARKE, TODD L	
STREET ADDRESS	4086 FAR-O-WAY LANE	
CITY-ST-ZIP	RICHFIELD, OH 44286	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SERPENTINI, ROBERT M	
STREET ADDRESS	1989 FOUR-SEASONS DRIVE	
CITY-ST-ZIP	AKRON, OH 44333	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	CLARKE, ERIC A	
STREET ADDRESS	4085 FAR-O-WAY LANE	
CITY-ST-ZIP	RICHFIELD, OH 44286	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LUSTIK, GREG	
STREET ADDRESS	3331 DEAR CREEK TRAIL	
CITY-ST-ZIP	RICHFIELD, OH 44286	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, MARC	
STREET ADDRESS	6303 MACLAURIN DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5715 Darrow Road	
STREET ADDRESS	Hudson, Ohio 44236	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400056611664	
STREET ADDRESS	06/28/05--01037--017 **200.00	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5715 Darrow Road	
STREET ADDRESS	Hudson, Ohio 44236	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5715 Darrow Road	
STREET ADDRESS	Hudson, Ohio 44236	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Marc Davis V.P. 6-10-2005 (407) 82-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #