2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED			
DOCUMENT # P01000089938 1. Entity Name					Jan 28, 2004 08:00 AM Secretary of State			
CS & K A	SSOCIATES, INC.				v			
Principal Plac	e of Business	Mailing Address						
5003 CRESTWOOD CT.		5003 CRESTWOOD CT.						
TALLAHAS	SEE FL 32311	TALLAHASSEE FL 3	2311		1 (WEITER) III SWIRT (IGH GB)); 20);; 20);; 20);; 20);; 20);;	בו נפונו פפופו שוופו פוו	SSS1 31 (Ma)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
City & State		City & State			4. FEI Number 59-3742480	<u> </u>	plied For t Applicable	
Zφ	Country	Zip	Country		5. Certificate of Status Desired	Fee Hequired		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered	i Agent		
Ci A	ARK, MICHAEL R		Nam	3				
5003 CRESTWOOD CT. TALLAHASSEE FL 32311			Stree	Street Address (P.O. Box Number is Not Acceptable)				
			City	, , , ,	F	Zip Code	e	
8. The above	named entity submits this statement for	r the purpose of changing	ts registered offic	or registere	ed agent, or both, in the State of Florida. I ar	- }	and accept	
SIGNATURE	Signature typed or printed name of registered agent	god Site if apply able (NI	37E Registered Agent s	mature robustorius	when reinstating) DATE			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on to	•		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	State			Slection Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND	DIRECTORS	. 11.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	3 IN 11	
THLE	PTD	☐ Daleta	BILE			Change	Addition	
HAME	LORRAINE, CLARK G		NAME		U00000019174_	U00000019174 01/28/04-80150-025 150.00		
STREET ADDRESS CITY ST-ZIP	5003 CRESTWOOD COURT TALLAHASSEE FL 32311		STREET ADDRE CITY-SI-ZIP	S	01/28/04-80150-02) 	
TILE	VSD	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	MICHAEL, CLARK R 5003 CRESTWOOD CT		name Street addre					
CITY-ST-ZIP	TALLAHASSEE FL 32311		CITY-ST-ZIP	~				
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THTEE			SITLE			Chamer	□ Nakatie a.a.	
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WILE		☐ Delete	FITEE		***	☐ Change	Addition	
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CITY-ST-ZIP			CITY - ST - ZIP	}				
IZ. I nerehy a		Att			42 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
indicated	on this report or supplemental report is	s true and accurate and tha	i my signature sha	ii have the sa	ction 119.07(3)(i), Florida Statutes. I further c ame legal effect as if made under oath; that , Florida Statutes, and that my name appears	Eam an officer	or director	

EII ED

SIGNATURE: LONGING & CLARK LORRAINE G. CLARK 1/27/04 850 878- 4886