

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000098077

1. Entity Name  
CSB OF NORTH FLORIDA, INC.



Principal Place of Business  
5420 LBJ FREEWAY, STE. 660  
DALLAS, TX 75240

Mailing Address  
5420 LBJ FREEWAY, STE. 660  
DALLAS, TX 75240



02232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-2960547

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LAVIA, JOHN T  
LANDERS & PARSONS  
310 WEST COLLAGE AVE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME MAHR, GEORGE J  
STREET ADDRESS 5420 LBJ FREEWAY, STE. 660  
CITY-ST-ZIP DALLAS, TX 75240

TITLE ST  
NAME WEART, VICKI D  
STREET ADDRESS 5420 LBJ FREEWAY, STE. 660  
CITY-ST-ZIP DALLAS, TX 75240

TITLE V  
NAME WEART, VICKI D  
STREET ADDRESS 5420 LBJ FREEWAY, SUITE 660  
CITY-ST-ZIP DALLAS, TX 75240

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000278300  
03/28/05-80021-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Vicki D Weart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

Date

998-770-2060

Daytime Phone #