

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 A**  
**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



03142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-2960547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	

U00000677480  
03/30/07-80106-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/23/07 972-770-2060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #