

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000001588

1. Entity Name  
CNS SALES, INC.



FILED  
04 APR 26 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2140 NORTHEAST 146TH AVE.  
SILVER SPRINGS, FL 34488

Mailing Address  
PO BOX 57  
LLOYD, FL 32337

2. Principal Place of Business

3. Mailing Address

P.O. Box 28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-P

CR2E034 (10/03)

City & State

City & State

Crawfordville, FL

4. FEI Number

02-0532815

Applied For

Not Applicable

Zip

Country

Zip

32326

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JOHN O  
211 E. VIRGINIA ST.  
TALLAHASSEE, FL 32301

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MORRIS, SUSAN  
PO BOX 57  
LLOYD, FL 32337 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MORRIS, SUSAN  
P.O. Box 28  
Crawfordville, FL 32326 ☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700035770727  
05/07/04--01081--003 \*\*150.00

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (950) 509-9110  
Date Daytime Phone #