

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000077592

1. Entity Name
C2FS DEVELOPMENT CORPORATION



Principal Place of Business

11300 4 ST N STE 200
ST PETERSBURG, FL 33716-2940

Mailing Address

11300 4 ST N STE 200
ST PETERSBURG, FL 33716-2940

FILED
Jan 30, 2004 08:00 AM
Secretary of State



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0484223

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHADWICK, JAMES M
11300 4 ST N STE 200
ST PETERSBURG, FL 33716-2940

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000021470
01/30/04-80006-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SEMBLER, M STEVEN 11300 4 ST N STE 200 ST PETERSBURG, FL 337162940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHADWICK, JAMES M 11300 4 ST N STE 200 ST PETERSBURG, FL 337162940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FLEETING, ROBERT 11300 4 ST N STE 200 ST PETERSBURG, FL 337162940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHADWICK, HARRY R 11300 4 ST N STE 200 ST PETERSBURG, FL 337162940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS PENNALA, JUDY L 11300 4 ST N STE 200 ST PETERSBURG, FL 337162940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(f), 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 1 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

James M. Chadwick, President

Date

Daytime Phone #

1/14/04

727-577-9197