


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90033 038 ***150.00

| | |
|--|---|
| DOCUMENT # P02000089856 |  |
| 1. Entity Name CGS PROPERTIES, INC. | |

| | |
|---|---|
| Principal Place of Business 14539 77TH PLACE N. LOXAHATCHEE, FL 33470 | Mailing Address 14539 77TH PLACE N. LOXAHATCHEE, FL 33470 |
|---|---|

54062037



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

07072004 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 46-0495832 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent |
| SMITH, CHRISTOPHER 14539 77TH PLACE N. LOXAHATCHEE, FL 33470 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

| | |
|--|-----------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|-----------------------------|

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | P <input checked="" type="checkbox"/> Delete |
| NAME | SMITH, STOHPER |
| STREET ADDRESS | 14539 77TH PL N |
| CITY-ST-ZIP | LOXAHATCHEE, FL 33470 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mr. Christopher G. Smith |
| STREET ADDRESS | 14539 77th Pl N |
| CITY-ST-ZIP | Loxahatchee, FL 33470 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: Christopher G. Smith Pres. (56) 254-4149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7-9-04

Attachment
CGS Properties Inc.

54062037
#P02000089856

STATE OF FL.

Div. of Corp.
Tallahassee, FL.

July 7, 2004

Re: Annual Report

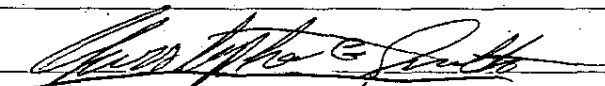
Dear State of Fla -

I did not receive any prior notices to file my annual report. I just received your postcard in the mail.

Since this is new to me, I downloaded the form as you suggested, signed it, and enclosed a check for \$150.⁰⁰

I apologize that I never rec'd any notices, but hope this is satisfactory, and it won't happen again.

Sincerely,


Christopher G. Smith