2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024129

Name:

Address: City-St-Zip:

Entity Name: COURT STREET ENTERPRISES, INC.

EDWARDS-DELGADO, LINDA J

CLEARWATER, FL 33767 US

13 CAMBRIA STREET

FILED Apr 16, 2009 Secretary of State

Current D	rinainal Blass	of Business		New Drine	inal Blass of B	
Current P	rincipal Place o	or Business:		New Princ	ipal Place of B	usiness:
711 PINEL CLEARWA	LAS ST ATER, FL 33756	S US		8 CAMBRIA SUITE 303 CLEARWA		' US
Current Mailing Address:				New Mailing Address:		
711 PINEL CLEARWA	LAS ST ATER, FL 33756	S US		8 CAMBRI SUITE 303 CLEARWA		' US
FEI Number:	: 55-0820595	FEI Number Applied For ()	FEI Nui	mber Not Appl	licable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
711 PINEL CLEARWA	ATER, FL 33756	S US	the numero	of changing i	to registered offi	an ar registered egent or both
	named entity st e of Florida.	iomits this statement for t	ine purpose d	or changing i	is registered oni	ce or registered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () E ALBRITTON, DAV 217 PALM ISLAN CLEARWATER, F	D N.W.		Title: Name: Address: City-St-Zip:	() C	Change () Addition
Title: Name: Address: City-St-Zip:	VD ()E HIRSCHFELD, JO 7105 PELICAN IS TAMPA, FL 3363	SLAND DRIVE		Title: Name: Address: City-St-Zip:	() C	Change () Addition
Title:	STD ()E	Delete		Title:	STD (X) C	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

EDWARDS-DELGADO, LINDA J

CLEARWATER, FL 33767 US

8 CAMBRIA STREET #303

SIGNATURE: LINDA J. EDWARDS-DELGADO STD 04/16/2009