

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90038 028 ***150.00

DOCUMENT # P03000035876	
1. Entity Name CONSUMER SAVINGS DIRECT, INC.	

Principal Place of Business 1016 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110	Mailing Address 1016 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CONNORS, MICHAEL J
1016 COLLIER CENTER WAY
SUITE 103
NAPLES, FL 34110

**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 _____ DATE _____

Signature typed or printed as true of registered agent and true of applicable. (NOTE: Registered Agent's signature required when changing)

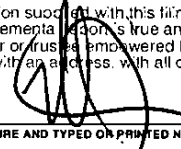
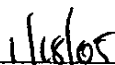
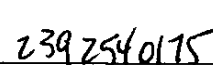
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CONNORS, MICHAEL J 1016 COLLIER CENTER WAY, SUITE 103 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECY ALVES, TRACY 315 PARK AVENUE, STE 200 PORTLAND, ME 04102
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information submitted 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 empowering.

SIGNATURE:  **President**  **1/24/05**  **239 254 0175**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR