

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90032 006 \*\*\*163.75

DOCUMENT # P03000089677

1. Entity Name

CSIP CONSULTING, INC.



Principal Place of Business *11 Center Rd.*  
~~7715 INDIAN RIDGE TRAIL~~  
~~KISSIMMEE FL 34747~~  
*Palmetto 34221*

Mailing Address *#937*  
~~P.O. BOX 470025~~  
~~CELEBRATION FL 34747~~  
*ELLENTON 34222*



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.  
*11 Center Rd.*

Suite, Apt. #, etc.  
*P.O. Box #937*

1st MOORE

CR2E034 (10/07)

City & State  
*Palmetto FL*

City & State  
*ELLENTON, FL*

4. FEI Number  
*03-0526160*

Applied For  
Not Applicable

Zip  
*34221*

Country  
*MANATEE*

Zip  
*34222*

Country  
*MANATEE*

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

HABER, LAWRENCE H ESQ.  
800 CELEBRATION AVE  
STE 227  
CELEBRATION FL 34747

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 date. If applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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  
DPT  
SMITH, CINDY L  
1030 ELIZABETH RIDGE CT  
KISSIMMEE FL 34747 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LEAS, SUSAN  
395 CRUISERS DR  
POLK CITY FL 33618 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
Cindy L. Smith  
11 Center Rd.  
Palmetto, FL 34221 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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 exemptions contained in Section 119, 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: *Cindy L. Smith* *3/17/08* *863-236-0029*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Period