

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90083 047 \*\*\*150.00

**DOCUMENT # P03000100509**

1. Entity Name  
**C. S. SLEIGHT, INC.**



Principal Place of Business  
**543 OAK BAY DRIVE  
OSPREY, FL 34229**

Mailing Address  
**543 OAK BAY DRIVE  
OSPREY, FL 34229**

**40053328**



2. Principal Place of Business  
**388 BUNKER HILL**  
Suite, Apt. #, etc.

3. Mailing Address  
**388 BUNKER HILL**  
Suite, Apt. #, etc.

04122006 Chg-P CR2E034 (11/05)

City & State  
**OSPREY, FL**

City & State  
**OSPREY, FL**

4. FEI Number  
**74-3104276**

Applied For  
☐ Not Applicable

Zip  
**34229**

Country

Zip  
**34229**

Country

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

## 6. Name and Address of Current Registered Agent

**SLEIGHT, CHRIS S  
543 BAY OAK DRIVE  
OSPREY, FL 34229**

## 7. Name and Address of New Registered Agent

Name  
**SLEIGHT, CHRIS S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**388 BUNKER HILL**  
City  
**OSPREY** FL Zip Code  
**34229**

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, 2006 Fee will be \$550.00**

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	P SLEIGHT, CHRIS S 543 BAY OAK DRIVE OSPREY, FL 34229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SLEIGHT, CHRIS S 388 BUNKER HILL OSPREY, FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #