


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90061 004 ***150.00

DOCUMENT # P03000104938 1. Entity Name C & S ENTERPRISES OF BRANDON INC.	
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Principal Place of Business C/O THE TAXXPERS INC. 15951 N FLORIDA AVENUE LUTZ, FL 33549	Mailing Address C/O THE TAXXPERS INC. 15951 N FLORIDA AVENUE LUTZ, FL 33549
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50059597



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4539677	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STAFFORD, S.L. C/O THE TAXXPERS INC. 15951 N FLORIDA AVENUE LUTZ, FL 33549
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**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 _____
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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY - ST - ZIP	D HAYES, CLINTON L 511 BRYAN VALLEY CT BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYES, SANDRA K 511 BRYAN VALLEY CT BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Sandra K Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-05 813-643-0134
Date Daytime Phone #