

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90044 030 ***150.00

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DOCUMENT # P04000153314 1. Entity Name CSD HOLDINGS, INCORPORATED			
Principal Place of Business 3500 SOUTH FLORIDA AVENUE LAKELAND, FL 33803		Mailing Address 3500 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	
2. Principal Place of Business 3500 South Florida Ave		3. Mailing Address 3500 South Florida Avenue	
Suite, Apt., etc. Suite 3		Suite, Apt., etc. Suite 3	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33803		Zip 33803	
Country 		Country 	
4. FEI Number 84-1660231		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISON, JOSEPH A 3500 SOUTH FLORIDA AVENUE, SUITE 3 LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete NAME MORRISON, JOSEPH A	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
STREET ADDRESS 3500 SOUTH FLORIDA AVENUE		NAME 	
CITY-ST-ZIP LAKELAND, FL 33803		STREET ADDRESS 	
		CITY-ST-ZIP 	
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:		Date: 7-20-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph Morrison		Daytime phone #: (863) 644-3399	