

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90011 009 \*\*\*150.00

**DOCUMENT # P04000162951**

1. Entity Name  
**COMMUNICATION SOLUTIONS GROUP, INC.**



Principal Place of Business  
**2447 ST. AUGUSTINE BLVD.  
HAINES CITY, FL 33844**

Mailing Address  
**P.O. BOX 475  
GETZVILLE, NY 14068**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112008

Chg-P

CR2E034 (12/06)

4. FEI Number  
**02-0542180**

Applied For  
Not Applicable

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 title 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME VETALINO, NICHOLAS J  
STREET ADDRESS 122 KING ANTHONY WAY  
CITY-ST-ZIP GETZVILLE, NY 14068

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

TITLE PSD ☐ Delete  
NAME VETALINO, ANNETTE  
STREET ADDRESS 122 KING ANTHONY WAY  
CITY-ST-ZIP GETZVILLE, NY 14068

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

TITLE ASD ☐ Delete  
NAME AASEN, NICOLE J  
STREET ADDRESS 3243 ULYSSES ST. NE  
CITY-ST-ZIP MINNEAPOLIS, MN 55418

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10000 Toledo Dr. N.  
CITY-ST-ZIP Brooklyn Park, MN 55443

TITLE D ☐ Delete  
NAME VETALINO, ANTHONY J  
STREET ADDRESS 1341 42ND AVE. NE  
CITY-ST-ZIP MINNEAPOLIS, MN 55421

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1701 Sioux Blvd.  
CITY-ST-ZIP New Brighton, MN 55112

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Annette D. Vetalino*

2/12/08

716-638-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Telephone Number