2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055762

Entity Name: CONTRACTOR'S SERVICES SALES, INC.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1877 NORT	THGATE BLV	D.			
SUITE 2 SARASOT <i>I</i>	A, FL 34234				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1877 NOR1	THGATE BLV	D.			
SUITE 2 SARASOTA	۹, FL 34234				
FEI Number:		FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
KELLY, WII					
1877 NORTHGATE BLVD. SUITE 2					
	A, FL 34234	US			
The above in the State		submits this statement for the pur	pose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Agent		Date	
Election Carr	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	* ') Delete	Title:	() Change () Addition	
Name: Address:	TORNAI, TAMR	A M ATE BLVD., SUITE 2	Name: Address:		
City-St-Zip:	SARASOTA, FL		City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	
Name:	KELLY, WILLIA		Name:		
Address: City-St-Zip:	SARASOTA, FL	ATE BLVD., SUITE 2 34234	Address: City-St-Zip:		
Oity Ot 21p.			- '		
Title: Name:	D () RAUSCH, MAR) Delete ห	Title: Name:	() Change () Addition	
Address:		ATE BLVD STE2	Address:		
City-St-Zip:	SARASOTA, FL		City-St-Zip:		
Title:) Delete	Title:	() Change () Addition	
Name:	ARENDALL, DI		Name:		
Address: City-St-Zip:	SARASOTA, FL	ATE BLVD STE 2 - 34234	Address: City-St-Zip:		
Title:	ST () Delete	Title:	() Change () Addition	
Name:	ROSENBERG,		Name:		
Address:	1877 NORTHG SARASOTA, FL	ATE BLVD, SUITE 2	Address:		
City-St-Zip:	OANAGOTA, FL	_ UT2UT	City-St-Zip:		
Title:	* ') Delete	Title:	() Change () Addition	
Name:	TORNAI, MATT		Name: Address:		
Address: City-St-Zip:	SARASOTA, FL	ATE BLVD. SUITE 2 _ 34234 US	Address: City-St-Zip:		
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMRA M. TORNAI P 04/21/2008