

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000144494 1. Entity Name CSSS HOLDINGS OF ORANGE PARK, INC.	
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Principal Place of Business 2724 COUNTRY CLUB LANE ORANGE PARK, FL 32073	Mailing Address 2724 COUNTRY CLUB LANE ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 28-3579118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
 SUITE 201, ST. MARK'S PLACE
 1930 SAN MARCO BOULEVARD
 JACKSONVILLE, FL 32207
390-2705

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D PT SANTIAGO, CARLOS J 2724 COUNTRY CLUB LANE Blvd ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VPS SANTIAGO, SANDRA I 2724 COUNTRY CLUB LANE Blvd ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/22/07-80020-006 150.00

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: Sandra I. Santiago 4/29/2007 904-276-4648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #