

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90002 036 ***158.75

DOCUMENT # P06000024656	
1. Entity Name C S 4 INC.	

Principal Place of Business 1735 NE JACKSONVILLE RD SUITE 3 OCALA, FL 34470 US	Mailing Address 4840 NE 10TH STREET OCALA, FL 34470 US
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60044065



03112008 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1754013	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEYER, TERRY 4840 NE 10TH STREET OCALA, FL 34470	
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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.

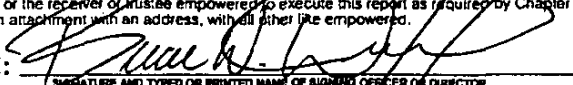
SIGNATURE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/T DREXEL, BRIAN 10545 SE 42ND CT. BELLEVUE, FL 34420
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP/S MCCALLA, DAVE 3953 SE 23RD TERRACE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DREXEL, BRIAN 10545 SE 42ND CT. BELLEVUE, FL 34420
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IN THIS SPACE**

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:  **4-14-08 (352) 572-5861**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #