2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 05, 2008 8:00 am
Secretary of State
06-05-2008 90002 036 ***158.75

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1. Entity Name
C S 4 INC.

60044065

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

03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1754013
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEYER, TERRY
4840 NE 10TH STREET
OCALA, FL 34470

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

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

TITLE	P/T
NAME	DREXEL, BRIAN
STREET ADDRESS	10545 SE 42ND CT.
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	VP/S
NAME	MCCALLA, DAVE
STREET ADDRESS	3953 SE 23RD TERRACE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	D
NAME	DREXEL, BRIAN
STREET ADDRESS	10545 SE 42ND CT.
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	D
NAME	MCCALLA, DAVE
STREET ADDRESS	3953 SE 23RD TERRACE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 #