

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90018 026 ***150.00

DOCUMENT # P07000070817

1. Entity Name
CSB AUDIO-REHABILITATION, INC.



Principal Place of Business
3399 WEDGEWOOD LANE
LADY LAKE, FL 32162

Mailing Address
3399 WEDGEWOOD LANE
LADY LAKE, FL 32162

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

2904 DAVID WALKER DR

Suite, Apt. #, etc.

3. Mailing Address

2904 DAVID WALKER DR.

Suite, Apt. #, etc.



01182008

Chg-P

CR2E034 (12/06)

City & State

EUSTIS FL

City & State

EUSTIS FL

4. FEI Number

26-0376036

Applied For

Not Applicable

Zip

32726

Country

LAKE

Zip

32726

Country

LAKE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACKMAN, SHARON I
5035 HARMONY CIRCLE
#103
VERO BEACH, FL 32967

7. Name and Address of New Registered Agent

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

Sharon I. Blackman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 13, 2008

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

TITLE DP
NAME BLACKMAN, SHARON I
STREET ADDRESS 5035 HARMONY CIRCLE #103
CITY-ST-ZIP VERO BEACH, FL 32967 ☐ Delete

TITLE DST
NAME BLACKMAN, CHARLES
STREET ADDRESS 5035 HARMONY CIRCLE #103
CITY-ST-ZIP VERO BEACH, FL 32967 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME BLACKMAN, SHARON I
STREET ADDRESS 13552 Biscayne Grove Ln
CITY-ST-ZIP Grand Island, FL 32735 ☒ Change ☐ Addition

TITLE DST
NAME BLACKMAN, CHARLES
STREET ADDRESS 13552 Biscayne Grove Ln
CITY-ST-ZIP Grand Island, FL 32735 ☒ Change ☐ Addition

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

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

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

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

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:

Sharon I. Blackman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2008

Date

352-589-4327

Daytime Phone #