

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000070817

FILED
Mar 05, 2009
Secretary of State

Entity Name: CSB AUDIO-REHABILITATION, INC.

Current Principal Place of Business:

2904 DAVID WALKER DR.
EUSTIS, FL 32726

New Principal Place of Business:

13552 BISCAYNE GROVE LANE
GRAND ISLAND, FL 32735

Current Mailing Address:

2904 DAVID WALKER DR.
EUSTIS, FL 32726

New Mailing Address:

13552 BISCAYNE GROVE LANE
GRAND ISLAND, FL 32735

FEI Number: 26-0376036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BLACKMAN, SHARON I
13552 BISCAYNE GROVE LANE
GRAND ISLAND, FL 32735 US

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.

SIGNATURE:

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLACKMAN, SHARON I
Address: 13552 BISCAYNE GROVE LN
City-St-Zip: GRAND ISLAND, FL 32735

Title: DST () Delete
Name: BLACHMAN, CHARLES
Address: 13552 BISCAYNE GROVE LN.
City-St-Zip: GRAND ISLAND, FL 32735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON BLACKMAN

DP

03/05/2009

Electronic Signature of Signing Officer or Director

Date