## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000123959

Title:

Name:

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City-St-Zip:

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1220 OVERLOOK RD

EUSTIS, FL 32726 US

HOLLINGSWORTH, CONCEPCION S

Entity Name: CSH MANAGEMENT CONSULTING, INC.

FILED Mar 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1220 OVERLOOK RD EUSTIS, FL 32726 **Current Mailing Address: New Mailing Address:** 1220 OVERLOOK RD EUSTIS, FL 32726 US FEI Number: 26-1421878 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE LAW OFFICES OF NICK SPRADLIN, PLLC 12000 NORTH DALE MABRY HWY SUITE 110 TAMPA, FL 33618 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition HOLLINGSWORTH, CONCEPCION S Name: Name: 1220 OVERLOOK RD Address: Address: City-St-Zip: EUSTIS, FL 32726 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: HOLLINGSWORTH, CONCEPCION S Name: 1220 OVERLOOK RD Address: Address: City-St-Zip: EUSTIS, FL 32726 US City-St-Zip: Title: Title: SEC ( ) Delete () Change () Addition HOLLINGSWORTH, CONCEPCION S Name: Name: 1220 OVERLOOK RD Address: Address: City-St-Zip: EUSTIS, FL 32726 US 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CONCEPCION SOTO HOLLINGSWORTH PRES 03/16/2009

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