

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000011705	
1. Entity Name CONTROLLED SYSTEMS I, INC.	

Principal Place of Business 3471 N FED HWY, #400 FT. LAUDERDALE, FL 33306 US	Mailing Address 3471 N FED HWY, #400 400 FT. LAUDERDALE, FL 33306 US
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04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0427930	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CROUCH, JAY 3471 N FEDERAL HWY #400 FORT LAUDERDALE, FL 33306

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000513302
04/29/06-80121-021 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S CROUCH, JAY 3471 N FED HWY, #400 FT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, BRAD 3471 N FED HWY, #400 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, CRISS 3471 N FED HWY, #400 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNER, DALE 3471 N FED HWY, #400 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SHELDON, ROBERT 3471 N FED HWY, #400 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____