


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P93000037111 1. Entity Name C & S ENTERPRISES OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 1024 N. MILLS AVE. ORLANDO, FL 32803	Mailing Address 1024 N. MILLS AVE. ORLANDO, FL 32803
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03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3186763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUSS, CHRISTOPHER A 1024 N. MILLS AVE. ORLANDO, FL 32803

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000129312 04/26/04-80073-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSS, CHRISTOPHER A 1273 BAKERSFIELD AVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO REAHL, CRAIG 128 N. OAK AVE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSS, TIM 2576 TRYON AVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSS, SUSAN 1273 BAKERSFIELD AVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSS, LAURIA 233 N. PARK AVE ORANGE CITY, FL 32763
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 exemption stated in Section 119.07(3)(i), 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:  **Chris Russ** **4-22-04** **407-894-7896**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #