

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

03-31-2005 90033 031 ***150.00

DOCUMENT # P93000037111

1. Entity Name
C & S ENTERPRISES OF CENTRAL FLORIDA, INC.



Principal Place of Business
**1024 N. MILLS AVE.
ORLANDO, FL 32803**

Mailing Address
**1024 N. MILLS AVE.
ORLANDO, FL 32803**

66013664



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3186763	Applied For 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]

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

3-25-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUSS, CHRISTOPHER A
STREET ADDRESS	1273 BAKERSFIELD AVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	CEO
NAME	REAHL, CRAIG
STREET ADDRESS	128 N. OAK AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	V
NAME	RUSS, TIM
STREET ADDRESS	2576 TRYON AVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	T
NAME	RUSS, SUSAN
STREET ADDRESS	1273 BAKERSFIELD AVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	S
NAME	RUSS, LAURIE LAURIE
STREET ADDRESS	233 N. PARK AVE
CITY-ST-ZIP	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:

[Signature] **Chris Russ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-05 407-894-1896