

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90167 034 ***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**

4000000000



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3186763

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Chris Ross **Chris Ross** **4.28.06**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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 REAH, 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, LAURIE 233 N. PARK AVE ORANGE CITY, FL 33763
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 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 #

Chris Ross **Chris Ross** **4.28.06** **407 894 1896**