

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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



01212008 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

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, 2008 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 | REHL, 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, LAURIA |
| STREET ADDRESS | 233 N. PARK AVE |
| CITY-ST-ZIP | ORANGE CITY, FL 33763 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/20/08-80088-007 150.00

**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: *Chris Russ*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #