

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90050 045 ***150.00

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1. Entity Name
C & S SUPPLY INCORPORATED

Principal Place of Business
**PO BOX 290057
 DAVIE, FL 33329-0057 US**

Mailing Address
**PO BOX 290057
 DAVIE, FL 33329-0057 US**

03060300



01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
4801 SW 111th Terrace
 Suite, Apt. #, etc.

3. Mailing Address
4801 SW 111th Terrace
 Suite, Apt. #, etc.

City & State
Lauderdale FL
 Zip **33328** Country **USA**

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Lauderdale FL
 Zip **33328** Country **USA**

4. FEI Number
65-0488192
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SILVA, JOSEPH F
 4801 SW 111TH TERRACE
 FORT LAUDERDALE, FL 33328**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME SILVA, JOSPEH F	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4801 SW 111TH TERRACE	CITY-ST-ZIP COOPER CITY, FL 33328	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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: Joseph F Silva Date: 4/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR