

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90006 028 ***158.75

DOCUMENT # P94000084381

1. Entity Name
CONTROL SYSTEMS RESEARCH, INC.



Principal Place of Business

**301 S. FERDON BLVD
STES C, D, & E
CRESTVIEW, FL 32536 US**

Mailing Address

**PO BOX 357
CRESTVIEW, FL 32536 US**

60011401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3286163

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOWLER, JESSE R
2402 WOODBINE DR.
CRESTVIEW, FL 32536**

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

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

**PST
FOWLER, JESSE R.
2402 WOODBINE DRIVE
CRESTVIEW, FL 325369509**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
CHALOUPKA, MICHAEL
3056 CRAIG TERRACE
CRESTVIEW, FL 32539**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
SCHMIDT, ROBERT D
833 KELL-AIRE DRIVE
DESTIN, FL 32541**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
RICHMOND, PHILIP M
121 MOHAWK TRAIL
CRESTVIEW, FL 32536**

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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

4/3/06

(850)689-3284