


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000086001</b>	
<b>1. Entity Name</b> C. S. S. ENTERPRISES, INC.	

<b>Principal Place of Business</b> 749 SE PORTAGE AVE PORT SAINT LUCIE FL 34984 US	<b>Mailing Address</b> 749 SE PORTAGE AVE PORT SAINT LUCIE FL 34984 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 65-0538966		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  CARRELL, BARBARA A 749 SE PORTAGE AVE PORT SAINT LUCIE FL 34984	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**B.** 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, 2004, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CARRELL, BARBARA A 749 SE PORTAGE AVE PORT SAINT LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000081437 03/08/04-80150-004 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS CARRELL, JAMES R 749 SE PORTAGE AVE PORT SAINT LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FALCON, JUAN A 213 SW MOREILLA LANE PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Barbara Carrell **BARBARA CARRELL** 3/1/04 772 878-1223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #