


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000086001				
1. Entity Name C. S. S. ENTERPRISES, INC.				
Principal Place of Business 749 SE PORTAGE AVE PORT SAINT LUCIE FL 34984 US		Mailing Address 749 SE PORTAGE AVE PORT SAINT LUCIE FL 34984 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent CARRELL, BARBARA A 749 SE PORTAGE AVE PORT SAINT LUCIE FL 34984		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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRELL, BARBARA A	NAME	
STREET ADDRESS	749 SE PORTAGE AVE	STREET ADDRESS	
CITY - ST - ZIP	PORT SAINT LUCIE FL 34984	CITY - ST - ZIP	U00000252349 03/05/05-80023-018 150.00
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRELL, JAMES R	NAME	
STREET ADDRESS	749 SE PORTAGE AVE	STREET ADDRESS	
CITY - ST - ZIP	PORT SAINT LUCIE FL 34984	CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCON, JUAN A	NAME	
STREET ADDRESS	213 SW MOREILLA LANE	STREET ADDRESS	
CITY - ST - ZIP	PORT SAINT LUCIE FL 34952	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(f), 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 2/14/05 772 878 1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #