

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000000061

1. Entity Name

CORPORATE CONSULTING SERVICE INSTRUMENTS,
INC.



Principal Place of Business
1145 Highbrook Ave.
Suite 500
Akron OH 44301-1356
US

Mailing Address
1145 Highbrook Ave.
Suite 500
Akron OH 44301-1356
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1792400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARNER, JACK C
2798 ORLEANS STREET
N. FT. MYERS FL 33917

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, 2004 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

TITLE DP ☐ Delete
NAME WARNER, JACK C
STREET ADDRESS 2798 ORLEANS STREET
CITY-ST-ZIP N FT MYERS FL 33917

TITLE VD ☐ Delete
NAME BRAINARD, RON P
STREET ADDRESS 1145 Highbrook Avenue, Ste. 500
CITY-ST-ZIP AKRON OH 44301

TITLE D ☐ Delete
NAME WISE, R. WARREN
STREET ADDRESS 12982 KEDLESTONE CIR.
CITY-ST-ZIP FT. MYERS FL 33912

TITLE D ☐ Delete
NAME WARNER, MICHAEL K
STREET ADDRESS 1219 SOUTHWEST 1ST PLACE
CITY-ST-ZIP CAPE CORAL FL 33991-2806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME U000000026996
STREET ADDRESS 02/03/04-80030-007 150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

[Signature] JACK WARNER

1-27-04

330 376 3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #