

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 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**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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**

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	DP WARNER, JACK C 2798 ORLEANS STREET N FT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAINARD, RON P 1145 Highbrook Avenue, Ste. 500 Akron, OH 44301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, R. WARREN 12982 KEDLESTONE CIR. FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, MICHAEL K 1219 SOUTHWEST 1ST PLACE CAPE CORAL, FL 339912806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80018-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 Jan 2005

Date

800 742 8535
330 376 3600

Daytime Phone #