

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000000061



1. Entity Name

CORPORATE CONSULTING SERVICE INSTRUMENTS, INC.

Principal Place of Business

**221 BEAVER ST
AKRON OH 44304
US**

Mailing Address

**221 BEAVER ST
AKRON OH 44304
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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, MICHAEL K
1219 SOUTHWEST 1ST PL
CAPE CORAL FL 33991-2806**

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, 2007 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
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
WARNER, JACK C
221 BEAVER ST
AKRON OH 44304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000605747 ☐ Change ☐ Addition
01/30/07-80049-012 150.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
WISE, R. WARREN
1110 MARSHALL
GREENWOOD SC 29646 ☐ Delete

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

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

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

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
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CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

JACK WARNER

1-19-07 330376 3600

Date

Daytime Phone #