

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000007863

Entity Name: CITY SERVICE GROUP, INC.

FILED  
Jan 07, 2009  
Secretary of State

## Current Principal Place of Business:

1982 N STATE RD 7  
MARGATE, FL 33063

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 14548  
FT LAUDERDALE, FL 333024548 US

## New Mailing Address:

1982 N STATE RD 7  
MARGATE, FL 33063

FEI Number: 65-0579089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOZOFF, MICHAEL D  
2525 PONCE DE LEON BOULEVARD  
SUITE 400  
MIAMI, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MARQUARDT, WILLIAM F  
Address: 1982 N. STATE RD. 7  
City-St-Zip: MARGATE, FL 33063 US

Title: D ( ) Delete  
Name: LAROCK, MARY ANN  
Address: 2009 S.E. 26 TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: D ( ) Delete  
Name: GROSS, MINDY  
Address: 2965 W. COPORATE LAKES BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 333313626 US

Title: D ( ) Delete  
Name: GILL, LLOYD E  
Address: 1982 N STATE RD 7  
City-St-Zip: POMPANO BEACH, FL 33063 US

Title: D ( ) Delete  
Name: REATH, TOUCH  
Address: 1982 N. STATE RD. 7  
City-St-Zip: MARGATE, FL 33063 US

Title: D ( ) Delete  
Name: ADAMS, DAMON  
Address: 2440 MIDDLE RIVER DR.  
City-St-Zip: FORT LAUDERDALE, FL 33305 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOUCH REACH

DIR

01/07/2009

Electronic Signature of Signing Officer or Director

Date