

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P95000008693**

1. Entity Name  
**CONTRACT SURETY PROFESSIONALS, INC.**



**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**4916 N.W. 50TH ST  
COCONUT CREEK, FL 33073**

Mailing Address  
**4916 N.W. 50TH ST  
COCONUT CREEK, FL 33073**



03112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0553185**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LATINI, MARK A  
4916 N.W. 50TH STREET  
COCONUT CREEK, FL 33073**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	LATINI, MARK A
STREET ADDRESS	4916 N.W. 50TH ST
CITY - ST - ZIP	COCONUT CREEK, FL 33073
TITLE	SV
NAME	LATINI, SHERRI L
STREET ADDRESS	4916 N.W. 50TH ST
CITY - ST - ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000089083  
03/15/04-80078-002 150.00

**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)(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:** *Mark A. Latini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/11/04*

Date

*(954) 275-3404*

Daytime Phone #