## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 08, 2005 8:00 am Secretary of State **DOCUMENT # P95000088457** 1. Entity Name 03-08-2005 90181 039 \*\*\*150.00 C.S.E. HOLDINGS, INC. Principal Place of Business Mailing Address 19150 PARK PLACE BLVD 19150 PARK PLACE BLVD EUSTIS, FL 32736 EUSTIS, FL 32736 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02162005 CR2E034 (10/03) Cha-P Applied For City & State 4. FEI Number City & State <u>59-3</u>153982 Not Applicable Country Zερ Country \$8.75 Additional Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EBERT, CAROL S Street Address (P.O. Box Number is Not Acceptable) 19150 PARK PLACE BLVD EUSTIS, FL 32736 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. DATE Signature, typed or protect name of registered agent and title # applicable. (NOTE: Requitered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fe 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Octob TITLE ☐ Change EBERT, CAROL S NUME NAME 19150 PARK PLACE BLVD STREET ADDRESS STREET ATTORESS EUSTIS, FL 32736 CITY-ST-7P CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CTTY-ST-ZP Delete TILE Addition TITLE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P Delete TITLE ☐ Chance ■ Addition NAME NAME STREET ACCORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE HAME MUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ■ Addition ☐ Delete TELLE ☐ Channe TITLE NAKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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:

**FILED**