

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90097 047 \*\*\*150.00

<b>DOCUMENT # P95000089990</b> 1. Entity Name <b>C&amp;S HOSPITALITY, INC.</b>					
Principal Place of Business <b>2511 HWY 27 S AVON PARK FL 33825</b>			Mailing Address <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> <b>P O BOX 456 AVON PARK FL 33825</b> </div> <span style="margin-left: 10px;">DELETE</span>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>425 NANTUCKET PT. DR.</b> Suite, Apt. #, etc.			
City & State		City & State <b>WILDWOOD, Mo.</b>		4. FEI Number <b>65-0625931</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
Zip <b>63040</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <div style="background-color: black; width: 100%; height: 40px;"></div>			7. Name and Address of New Registered Agent Name <b>SHIBLES, RAYMOND</b> Street Address (P.O. Box Number is Not Acceptable) <b>2511 HWY 27 SOUTH</b> City <b>AVON PARK FL</b> Zip Code <b>33825</b>		
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 <u><i>Raymond Shibles</i></u> <b>RAYMOND SHIBLES SEC.</b> <b>4/20/04</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>COPPINGER, JAMES E</b> <b>425 NATUCKET PT DRIVE</b> <b>WILDWOOD MO 63040</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete <b>COPPINGER, NANCY E</b> <b>425 NATUCKET PT DRIVE</b> <b>WILDWOOD MO 63040</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete <b>SHIBLES, RAYMOND</b> <b>3632 CAMPBELL CIRCLE</b> <b>NAPLES FL</b> <div style="margin-top: 5px;"> <b>FMB 2006</b>  <b>2885 GOAT CREEK RD.</b>  <b>KERRVILLE, TX 78028</b> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete <b>SHIBLES, CAROLYN</b> <b>3632 CAMPBELL CIRCLE</b> <b>NAPLES FL</b> <div style="margin-top: 5px;"> <b>FMB 2006</b>  <b>2885 GOAT CREEK RD.</b>  <b>KERRVILLE, TX 78028</b> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Raymond Shibles</i></u> <b>RAYMOND SHIBLES</b> <b>4/20/04</b> <b>239-248-3816</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					