2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000039503

Entity Name: CONSTRUCTION SERVICES & SALES, INC.

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	ECOVE DRIVE DOD, FL 34224		·		
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
	COVE DRIVE DOD, FL 3422				
FEI Number:	: 65-0718122	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
5900 S TA SUITE #I	SKAS, CATHEF MIAMI TRAIL A, FL 34231 L		2058 CONSTITUTION	ASTRONSKAS, CATHERINE L 2058 CONSTITUTION BLVD SARASOTA, FL 34231 US	
	named entity s e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:			04/19/2005	
	Electron	ic Signature of Registered A	gent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () KEANE, CATHY 9271 PINE COV ENGLEWOOD,	/E DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () KEANE, PATRIO 9271 PINE COV ENGLEWOOD,	/E DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () KEANE, CATHY 9271 PINE COV ENGLEWOOD,	/E DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () KEANE, CATHY 9271 PINE COV ENGLEWOOD,	J /E DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	M () KEANE, PATRIO 9271 PINE COV ENGLEWOOD,	/E DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () KEANE, PATRIC 9271 PINE COV ENGLEWOOD,	/E DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK N KEANE S 04/19/2005