

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # P96000057962

**1. Entity Name
COMMERCIAL SALES INTERNATIONAL, INC.**



**Principal Place of Business
1155 PORTER ROAD
SARASOTA, FL 34240 US**

**Mailing Address
P.O. BOX 50083
SARASOTA, FL 34232-0300 US**



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0686961**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**WINSLER, JEFFREY A
1155 PORTER RD
SARASOTA, FL 34240**

**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 reinstating)

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**

**U000000080609
03/08/04-80117-001 300.00**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME WINSLER, JEFFREY A
STREET ADDRESS 5317 FRUITVILLE ROAD #10241
CITY-ST-ZIP SARASOTA, FL 34232**

**TITLE T
NAME BENEDETTI, DAVID J
STREET ADDRESS 6200 PORTER ROAD
CITY-ST-ZIP SARASOTA, FL 34240**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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)(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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David J. Benedetti

3-4-2004 941-378-0040