

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90020 031 ***150.00

DOCUMENT # P97000063424

1. Entity Name
C & S EXPERTISE, INC.



Principal Place of Business
**854 N DIXIE HWY
LANTANA, FL 33462**

Mailing Address
**854 N DIXIE HWY
LANTANA, FL 33462**

50000494

2. Principal Place of Business - No P.O. Box #
6401 181st Terrace North

3. Mailing Address
6401 181st Terrace North

Suite, Apt. #, etc.



01032007 Chg-P CR2E034 (12/06)

City & State
Loxahatchee FL

City & State
Loxahatchee FL

Zip
33470 Country
USA

Zip
33470 Country
USA

4. FEI Number
59-3461041

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, CATHY
1121 KENTUCKY AVE
SAINT CLOUD, FL 34769

7. Name and Address of New Registered Agent

Name
Harris, ROBERT

Street Address (P.O. Box Number is Not Acceptable)
6401 181st Terrace North

City
Loxahatchee FL Zip Code
33470

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
January 3, 2007

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRIS, CATHY 4124 KENTUCKY AVE SAINT CLOUD, FL 34769	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2831 KING OAK CIRCLE ST. CLOUD FLA. 34769
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARRIS, ROBERT 1920 ONTARIO DR LAKE WORTH, FL 33461	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6401 181st Terrace North Loxahatchee FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HATT, JAMES 3231 DIAMONDHEAD RD LAKE WORTH, FL 33402	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 exemptions contained in Chapter 119, 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: DATE
Jan 1, 2007 561 436-5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #