

FILED
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Secretary of State

03-24-2005 90046 026 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000033475

1. Entity Name
CFS SALES, INC.



Principal Place of Business
3569 SW CORPORATE PKWY
PALM CITY, FL 34990

Mailing Address
3569 SW CORPORATE PKWY
PALM CITY, FL 34990

50030452



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0918331

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PORTLEY, PETER A
C/O PORTLEY AND SULLIVAN P.A.
2211 E. SAMPLE RD., STE. 204, PROF. BLDG.
LIGHTHOUSE POINT, FL 33064-7590

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROBINSON, JAMES Q
STREET ADDRESS 3001 SW BICOPA PL
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ST
NAME ROBINSON, JODY
STREET ADDRESS 3001 SW BICOPA PL
CITY-ST-ZIP PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

772-463-7674

Daytime Phone #