

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90046 049 ***150.00

DOCUMENT # P99000077898 1. Entity Name CSPD ENTERPRISES, INC.			
Principal Place of Business 1116 BELCHER ROAD DUNEDIN FL 34698		Mailing Address 1116 BELCHER ROAD DUNEDIN FL 34698	
2. Principal Place of Business 1393 Wellington St. Suite, Apt. #, etc.		3. Mailing Address 1393 WELLINGTON ST. Suite, Apt. #, etc.	
City & State Tarpon Springs, FL Zip 34689 Country USA		City & State TARPO SPRINGS FL Zip 34689 Country USA	
4. FEI Number 59-3594131		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAUSE, ROY C III 1116 BELCHER ROAD DUNEDIN FL 34698		7. Name and Address of New Registered Agent Name GAUSE, CAM Street Address (P.O. Box Number is Not Acceptable) 1393 Wellington St. City Tarpon Springs FL Zip Code 34689	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		CAM GAUSE <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 2/3/05		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GAUSE, ROY C III <input type="checkbox"/> Delete AKA CAM GAUSE 1393 WELLINGTON STREET TARPO SPRINGS FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAVELING, PAUL A <input checked="" type="checkbox"/> Delete 1116 BELCHER ROAD DUNEDIN FL 34698	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
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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)(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

Date

Daytime Phone #

CAM GAUSE

2/3/05

87-934-0858