

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

06-24-2005 90003 032 ***150.00
07-07-2005 90007 040 ***400.00

20061811



06082005 Chg-P CR2E034 (10/03)

DOCUMENT # S31035 1. Entity Name CENTRAL SERVICE DEPOT, INC.					
Principal Place of Business 54 N. TAMPA AVE. ORLANDO, FL 32805 US			Mailing Address 876 FALKIRK DR WINTER SPRINGS, FL 32708 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3053431	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MONGIOVE, RICHARD 876 FALKIRK DR WINTER SPRINGS, FL 32708				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			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	DP MONGIOVE, RICHARD 876 FALKIRK DR ORLANDO, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MONGIOVE, DIANE M. 876 FALKIRK DR ORLANDO, FL		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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

ATTACHMENT
Division of Corporations

Annual Report

Annual Report Help

Document Number

S31035

Business Entity Name

CENTRAL SERVICE DEPOT, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

593053431

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

54 N. TAMPA AVE.

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code & Country

32805

US

Mailing Address

Address

876 FALKIRK DR

Suite, Apt. #, etc.

City, State

WINTER SPRINGS

FL

Zip Code & Country

32708

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

MONGROVE

RICHARD

-or- RA Business Name

Address (PO Box is not acceptable)

876 FALKIRK DR

Suite, Apt. #, etc.

City, State

WINTER SPRINGS

FL

Zip Code & Country

32708

US

If there is a change in registered agent, the new agent will need to type their name

20061801

#S31035

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title DP
Name (Last, First, Middle, Title) _____
-or- Entity Name MONGIOVE, RICHARD
Street Address 876 FALKIRK DR
City, State ORLANDO, FL
Zip Code & Country _____

Title DST
Name (Last, First, Middle, Title) _____
-or- Entity Name MONGIOVE, DIANE M.
Street Address 876 FALKIRK DR
City, State ORLANDO, FL
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____, _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____, _____
Zip Code & Country _____