

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

8/31

08-30-2004 90002 026 ***150.00

DOCUMENT # P03000014272

1. Entity Name
CREDIT-CPR CONSULTANTS, INC.



Principal Place of Business Mailing Address
P.O. BOX 223632 P.O. BOX 223632
WEST PALM BEACH, FL 33422 US WEST PALM BEACH, FL 33422 US

66433802



2. Principal Place of Business 3. Mailing Address
6194 Reynolds St **PO Box 223632**
Suite, Apt. #, etc. Suite, Apt. #, etc.

08112004 Chg-P CR2E034 (10/03)


City & State City & State
West Palm Beach, FL 33411 **West Palm Beach FL**
Zip Country Zip Country
33411 **USA** **33422** **USA**

4. FELNumber Applied For
68-0541108 Not Applicable

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

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|--|--|---|--|
| SAWICKI, KEVIN A 6194 REYNOLDS STREET WEST PALM BEACH, FL 33411 | | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |

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:  **Kevin Sawicki** Vice President **8/25/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE P | <input checked="" type="checkbox"/> Delete WERRING, CHRISTINE M P.O. BOX 223632 WEST PALM BEACH, FL 33422 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete VP | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:  **Kevin Sawicki VP** **8/14/04** (561)681-1345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #