

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 08, 2011  
Secretary of State**

DOCUMENT# P08000073923

Entity Name: THRESHOLD CP, INC.

**Current Principal Place of Business:**

200 NORTH GARDEN AVENUE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

200 NORTH GARDEN AVENUE  
CLEARWATER, FL 33755

**New Mailing Address:**

FEI Number: 26-3129981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATTERSON, PATRICIA D  
200 NORTH GARDEN AVENUE  
CLEARWATER, FL 33755 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PATTERSON, PATRICIA D  
Address: 200 NORTH GARDEN AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: VD  
Name: PATTERSON, STEVEN B  
Address: 200 NORTH GARDEN AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: D  
Name: PATTERSON, ROBERT K  
Address: 200 NORTH GARDEN AVENUE  
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA D PATTERSON

PD

06/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date