


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90292 046 ***150.00

DOCUMENT # V49919

1. Entity Name
C.P.E., INC.



Principal Place of Business
2250 AVENIDA DEL VERA
N FORT MYERS, FL 33917 US

Mailing Address
2250 AVENIDA DEL VERA
N FORT MYERS, FL 33917 US

2. Principal Place of Business
12800 UNIVERSITY DR.
 Suite, Apt. #, etc.
SUITE 400
 City & State
FORT MYERS, FL
 Zip
33907 Country
USA

3. Mailing Address
12800 UNIVERSITY DR.
 Suite, Apt. #, etc.
SUITE 400
 City & State
FORT MYERS, FL
 Zip
33907 Country
USA



03152004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3181121 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CALLAHAN, W. SCOTT
37 NORTH ORANGE AVENUE, SUITE 200
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	VP CLARK, FRED D 2250 AVENIDA DEL VERA NORTH FT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12800 University Dr., Ste 400 Fort Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEN, MICHAEL E 550 MAMARONECK AVE HARRISON, NY 10528 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12800 University Dr., Ste 400 Fort Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORDELLO, DOUGLAS 2250 AVENIDA DEL VERA N FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12800 University Dr., Ste 400 Fort Myers, FL 33907 <input checked="" 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 another like empowered.

SIGNATURE: *Douglas Cordello* 4/20/04 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR