

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 333954

Entity Name: CFI INC.

FILED  
May 02, 2009  
Secretary of State

## Current Principal Place of Business:

1208 CULBREATH ISLES DR  
TAMPA, FL 33629

## New Principal Place of Business:

## Current Mailing Address:

1208 CULBREATH ISLES DR  
TAMPA, FL 33629

## New Mailing Address:

FEI Number: 59-1219150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLIZZARD, WILLIAM D  
1208 CULBREATH ISLES DR.  
TAMPA, FL 33629 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: BLIZZARD, W. D., JR.  
Address: 1208 CULBREATH IS. DRIVE  
City-St-Zip: TAMPA, FL 00000,

Title: AS ( ) Delete  
Name: JACKSON, BOGGS  
Address: 819 GROVE PARK AVE  
City-St-Zip: TAMPA, FL 33609

Title: PTD ( ) Delete  
Name: BLIZZARD, W D  
Address: 1208 CULBREATH ISLES DR  
City-St-Zip: TAMPA, FL 00000,

Title: VS ( ) Delete  
Name: CALFEE, BETTY B  
Address: 4907 ANDROS DR  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM D. BLIZZARD

PTD

05/02/2009

Electronic Signature of Signing Officer or Director

Date