

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 04, 2009  
Secretary of State**

DOCUMENT# 469142

Entity Name: CPC OF FLORIDA, INC.

**Current Principal Place of Business:**

232 S. YONGE ST  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

210 BROWNS FISHCAMP ROAD  
CRESCENT CITY, FL 32112

**Current Mailing Address:**

232 S. YONGE ST  
ORMOND BEACH, FL 32174

**New Mailing Address:**

210 BROWNS FISHCAMP ROAD  
CRESCENT CITY, FL 32112

FEI Number: 59-1572365      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CAVARRETTA, CHESTER P. SR.  
210 BROWNS FISHCAMP RD  
CRESCENT CITY, FL 32112      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: PV      ( ) Delete  
Name: CAVARRETTA, CHESTER P SR  
Address: 2417 ORIOLE LANE  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: ST      ( ) Delete  
Name: CAVARRETTA, SUSAN F  
Address: 2417 ORIOLE LANE  
City-St-Zip: SOUTH DAYTONA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: CAVARRETTA, CHESTER P SR  
Address: 210 BROWNS FISHCAMP ROAD  
City-St-Zip: CRESCENT CITY, FL 32112

Title: VST      (X) Change ( ) Addition  
Name: CAVARRETTA, SUSAN F  
Address: 210 BOWNS FISHCAMP ROAD  
City-St-Zip: CRESCENT CITY, FL 32112

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: MARSHALL H. BARKIN

AUTH

07/04/2009

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

\_\_\_\_\_ Date