

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90025 032 ***150.00

DOCUMENT # 598608

1. Entity Name
CFM 5508, INC.



Principal Place of Business
1385 LADY MARION LANE
DUNEDIN, FL 34698

Mailing Address
1582 BELLEAIR ROAD
CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE



07122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1868026

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEDMAN, WILLIAM F.
1582 BELLEAIR ROAD
CLEARWATER, FL 33516

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HEDMAN, WILLIAM F.
STREET ADDRESS 1582 BELLEAIR RD.
CITY-ST-ZIP CLEARWATER, FL

TITLE S
NAME HEDMAN, DONNA L.
STREET ADDRESS 1582 BELLEAIR RD.
CITY-ST-ZIP CLEARWATER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-25-05 727-447-4938

ATTACHMENT

CFM 5508, Inc.



1582 Belleair Rd. ♦ Clearwater, Florida 33756
Phone 727-447-4938 ♦ Fax 727-461-0661

#

50058819
598608

July 22, 2005

Division of Corporations
P.O.Box 6198
Tallahassee, FL 32314-6198

To Whom It May Concern:

Due to the fact that we lost the accountant we have used for years and there was a critical illness in our family, and we are still dealing with a building that was damaged in the last hurricane in September we missed the annual corporation report. I don't believe we have ever done this in the 25 years we have been in business. I am enclosing a check for the regular amount hoping you will wave the penalty.

Sincerely,



Donna Hedman
Secretary-Treasurer