


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 28, 2007 8:00 am**  
**Secretary of State**


05-02-2007 90050 008 \*\*\*150.00

<b>DOCUMENT # 598608</b> 1. Entity Name CFM 5508, INC.	
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Principal Place of Business 1385 LADY MARION LANE DUNEDIN, FL 34698	Mailing Address 1582 BELLEAIR ROAD CLEARWATER, FL 33756
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**DO NOT WRITE IN THIS SPACE**

**66019876**



04282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1868026	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEDMAN, WILLIAM F. 1582 BELLEAIR RD. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HEDMAN, DONNA L. 1582 BELLEAIR RD. CLEARWATER, FL
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William F. Hedman 6-15-07 Cell 727-641-8275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Home 727-447-4938