

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JUL 30 AM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 654330</b>	
1. Entity Name COMPLETE PROPERTY MANAGEMENT, INC.	



Principal Place of Business 3307 N LAKE BLVD 107 WEST PALM BEACH, FL 33403 US	Mailing Address 3307 N LAKE BLVD 107 WEST PALM BEACH, FL 33403 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State PALM BEACH GARDENS Zip Country	City & State PALM BEACH GARDENS Zip Country
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07202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1976141	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 CROSSEN, JOSEPH F 3307 N LAKE BLVD ST 107 WEST PALM BEACH, FL 33403	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS City FL Zip Code
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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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CROSSEN, JOSEPH F. 3307 N LAKE BLVD STE 107 WEST PALM BEACH, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PALM BEACH GARDENS
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
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 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: \_\_\_\_\_ Date: 7-22-07 Daytime Phone #: 561-626-8778

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# COMPLETE PROPERTY MANAGEMENT, INC.

JOSEPH F. CROSSEN, PRESIDENT  
3307 Northlake Blvd., Suite 107  
Palm Beach Gardens, Florida 33403  
Ofc. (561) 626-2778 Fax (561) 626-3911

July 20, 2007

## REAL ESTATE

Investments

Consultation

Project Development

Appraisals

R.E. Brokers License  
BL-0574356

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Annual Reports: Doc #P97000099902  
#P96000062486  
#A02000000956  
#654330

## TO WHOM IT MAY CONCERN:

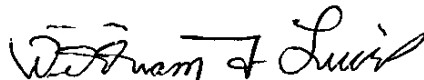
Recently we received "Notice of Intent to Dissolve" forms indicating that the above noted entities had not filed the annual corporate report. This is an error and I must assume it is an error created by your office.

Enclosed please find copies of the original checks issued in payment of all of the above corporate reports as well as a copy of the original forms submitted. You will note that the address listed on the check copies is correct!

This letter is written to request that you waive any and all additional fees charged. Enclosed with this letter you will find substitute checks issued for the original fees charged.

If this is not acceptable or if you have any questions I request that you call me directly at the number listed above.

Sincerely,



William F. Lewis  
General Manager/Controller

## PROPERTY MANAGEMENT

Management Surveys

Feasibility Studies

Market Analysis

## CONSTRUCTION AND DEVELOPMENT

Land Development

Conceptual Analysis

General Contractor  
Lic #CGC041819