

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90466 021 ***150.00

a...
not receive the notice and am
not paying the late fee

24074130

05062004 Chg-P CR2E034 (10/03)

DOCUMENT # F03000001231			
1. Entity Name CPS GREAT LAKES, INC.			
Principal Place of Business 936 W. RIVERVIEW DR. GLENDALE, WI 53209		Mailing Address 354 PLANTATION DR. TITUSVILLE, FL 32780	
2. Principal Place of Business 5900 N Port Washington Rd		3. Mailing Address 828 Plantation Dr	
Suite, Apt. #, etc. Suite 134		Suite, Apt. #, etc.	
City & State Milwaukee		City & State Titusville	
Zip 53217-4581	Country USA	Zip 32780	Country USA
4. FEI Number 39-1603254		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, MARLYS J 354 PLANTATION DR. TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name Marlys J Johnson Street Address (P.O. Box Number is Not Acceptable) 828 Plantation Dr City Titusville FL Zip Code 32780	
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 <u>Marlys J Johnson</u> DATE <u>5/05/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, WILLIAM R 936 W. RIVERVIEW DR. GLENDALE, WI 53209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William R Johnson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5900 N Port Washington Rd Milwaukee WI 53209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, MARLYS J 354 PLANTATION DR. TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Marlys J Johnson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 828 Plantation Dr Titusville FL 32780
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 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: <u>Marlys J Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/05/04 321-268-9317 <small>Date Daytime Phone #</small>	