

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000001868

1. Entity Name
CPM MERGER CORPORATION



Principal Place of Business
305 HARTMANN DR
LEBANON, TN 37087

Mailing Address
305 HARTMANN DR
LEBANON, TN 37087



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1733492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WOODHOUSE, MICHAEL A 305 HARTMANN DR LEBANON, TN 37087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BLACKSTOCK, JAMES F 305 HARTMANN DR. LEBANON, TN 370880787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZYLSTRA, MICHAEL J 305 HARTMAN DRIVE LEBANON, TN 37087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVINS, DAN W 305 HARTMANN DRIVE LEBANON, TN 37087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000110313
04/12/04-80078-012 150.00

**DO NOT WRITE
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 an other fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James F. Blackstock

April 5, 2004 615.443.9180

Date

Daytime Phone #