

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90130 016 ***150.00

DOCUMENT # J77900

1. Entity Name

C F M TRANSCRIPTION SERVICE INC.



Principal Place of Business

% CYNTHIA M. SPROUSE
11779 82ND TERR N.
SEMINOLE FL 33772
US

Mailing Address

POB 7076
11779 82ND TERR N.
SEMINOLE FL 33775
US

2. Principal Place of Business

10134-WHISPER RIDGE TRAIL

Suite, Apt. #, etc.

3. Mailing Address

10134-WHISPER RIDGE TRAIL

Suite, Apt. #, etc.

City & State

Weeki Wachee, FL

Zip

34613

Country

USA

City & State

Weeki Wachee, FL

Zip

34613

Country

USA

4. FEI Number

59-2808422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPROUSE, E L
11779-82 TERR N
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name

SPROUSE, E. L.

Street Address (P.O. Box Number is Not Acceptable)

10134-WHISPER RIDGE TRAIL

City

Weeki Wachee

FL

Zip Code

34613

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

E. L. SPROUSE (E.L. SPROUSE)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-2005

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SPROUSE, CYNTHIA MEEKS
STREET ADDRESS 11779 82ND TERR N.
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ST ☐ Delete
NAME SPROUSE, EARL LAMAR, JR.
STREET ADDRESS 11779 82 TERR N
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME SPROUSE, CYNTHIA MEEKS
STREET ADDRESS 10134-WHISPER RIDGE TRAIL
CITY-ST-ZIP WEEKI WACHEE, FL 34613

TITLE ST ☒ Change ☐ Addition
NAME SPROUSE, EARL LAMAR, JR.
STREET ADDRESS 10134-WHISPER RIDGE TRAIL
CITY-ST-ZIP WEEKI WACHEE, FL 34613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 E. L. SPROUSE, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-2005 (352) 597-2225