

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000019085

1. Entity Name
C.P. CO., LLC



Principal Place of Business
3500 SHINN ROAD
FORT PIERCE, FL 34945

Mailing Address
PO Box 14049
Ft. Pierce, FL 34979

DO NOT WRITE IN THIS SPACE

**FILED
Apr 12, 2006 8:00 am
Secretary of State**

04-12-2006 90021 038 ****50.00



02222006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3784592	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

PANTUSO, GEORGE
3500 SHINN ROAD
FORT PIERCE, FL 34945

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANTUSO, GEORGE 3500 SHINN RD FORT PIERCE, FL 34945
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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-26-06

712 461 8868

Date

Daytime Phone #