

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L98028

FILED
Apr 13, 2005
Secretary of State

Entity Name: C.P. MANAGEMENT & CONSULTING GROUP, INC.

Current Principal Place of Business:

840 LAKE AVE.
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

517 S FOX RIDGE DR
RAYMORE, MO 64083

Current Mailing Address:

517 S. FOWRIDGE DR.
RAYMORE, MO 64083

New Mailing Address:

FEI Number: 59-3026023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: MACCHI, PAMELA Z
Address: 517 S. FOXRIDGE DR.
City-St-Zip: RAYMORE, MO 64083

Title: P () Delete
Name: MACCHI, JAMES S
Address: 517 FOXRIDGE DR.
City-St-Zip: RAYMORE, MO 64083

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S MACCHI

P

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date