

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2009  
Secretary of State**

DOCUMENT# N08000002546

Entity Name: CCES PTO, INC.

**Current Principal Place of Business:**

5080 SW 92ND AVE.  
COOPER CITY, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5080 SW 92ND AVE.  
COOPER CITY, FL 33328

**New Mailing Address:**

FEI Number: 26-3108701      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUHNS, KATHY  
5057 SW 87TH TERR.  
COOPER CITY, FL 33328      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: KUHNS, KATHY  
Address: 5057 SW 87TH TERR.  
City-St-Zip: COOPER CITY, FL 33328

Title: VD      ( ) Delete  
Name: MORALES, DIANA  
Address: 8959 SW 53RD ST.  
City-St-Zip: COOPER CITY, FL 33328

Title: SD      ( ) Delete  
Name: FERRARA, STEPHANIE  
Address: 5766 SW 89TH LANE  
City-St-Zip: COOPER CITY, FL 33328

Title: TD      ( ) Delete  
Name: HICKS, LISA  
Address: 4911 SW 94 WAY  
City-St-Zip: COOPER CITY, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD      (X) Change ( ) Addition  
Name: SCHWANTES, DIANE  
Address: 9280 SW 55 COURY  
City-St-Zip: COOPER CITY, FL 33328

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 exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA M HICKS

TREA

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date