2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2006 8:00 am Secretary of State

Principal Place of Business 90 US HWY 1 2. Principal Place of Business 90 US HWY 2 3. Mailing Address 90 US HWY 2 2. Principal Place of Business 90 US HWY 1 3. Mailing Address 90 US HWY 2 3. Mailing Address 90 US HWY 1 4. FER Number Cartly 2. Principal Place of Business 90 US HWY 1 5. Suita A, et a. Cartly 2. Principal Place of Business 90 US HWY 1 5. Suita A, et a. Cartly 2. Suita A, et a. Cartly 3. Mailing Address 90 US HWY 1 7. Number and Address of Status Desired \$8.75 Additional Place of Registered Appart SILVER DENDIS 90 US HWY 1 7. Number and Address of Registered Appart SILVER DENDIS 90 US HWY 1 7. Number and Address of Registered Appart SILVER DENDIS 90 US HWY 1 7. Number and Address of Registered Appart SILVER DENDIS 90 US HWY 1 7. Number and Address of Registered Appart SILVER DENDIS 90 US HWY 1 8. The above number of registered appart. SILVER DENDIS 90 US HWY 1 90 US HWY 1 1 City File IS \$180.00 Atter May 1, 2006 Fee will be \$550.00 9. Election Campaign fine registered adjects or registered appart. Or both, in the State of Florida. I an framities with, and accept the deligations of registered appart. SILVER DENDIS SILVER DENDIS SILVER DENDIS 90 US HWY 1 1 The MAY 1, 2008 Fee will be \$550.00 9. Election Campaign fine registered appart. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INE MAKE 902 US HWY 1 1 INE MAKE 903 US HWY 1 1 INE MAKE 904 US HW 9 1 INE MAKE 905 US HWY 1 1 INE MAKE 906 Delete 907 US HW 9 1 INE MAKE 907 US HW 9 1 INE MAKE 907 US HW 9 1 INE MAKE 908 US HWY 1 1 INE MAKE 909 US HWY 1 1 INE MAKE 900 US HWY 1 1 INE MAKE 900 US HWY 1 1 INE MAKE 900 US HWY 1	DOCUMENT # P0000005154 1. Entity Name C.P.D., INC.					03-08-2006	90171 032 ***15	50.00	
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SILVER DENNIS 902 US HWY 1 VERO BEACH, FL 32960 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 Rorida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations or registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. Tam familiar with, and accept the obligations of Rorida of Rorida (Policia of Rorida	Zip	Country TNOIAU RIVER	32960		R		Fee Require		
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CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an efficiency or director.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			<u>∟i</u> Change	☐ Addition	

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: CRAIC LAWRENCE OWNER 2-20-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

772567 8885