


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-08-2006 90171 032 ***150.00

DOCUMENT # P00000005154 1. Entity Name C.P.D., INC.					
Principal Place of Business 902 US HWY 1 VERO BEACH, FL 32960			Mailing Address 902 US HWY 1 VERO BEACH, FL 32960		
2. Principal Place of Business <u>902 US HWY 1</u> Suite, Apt. #, etc.		3. Mailing Address <u>902 US HWY 1</u> Suite, Apt. #, etc.			
City & State <u>VERO BEACH, FL.</u>		City & State <u>VERO BEACH, FL.</u>		4. FEI Number 65-0975403	
Zip <u>32960</u>		Country <u>INDIAN RIVER</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVER, DENNIS 902 US HWY 1 VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name <u>CRAIG LAWRENCE</u> Street Address (P.O. Box Number is Not Acceptable) <u>902 US HWY 1</u> City <u>VERO BEACH</u> <u>FL</u> Zip Code <u>32960</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, DENNIS 902 US HWY 1 VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <u>CRAIG LAWRENCE</u> <u>902 US HWY 1</u> <u>VERO BEACH, FL. 32960</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u>Craig Lawrence</u> CRAIG LAWRENCE OWNER 2-20-06 7725678885 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					