

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

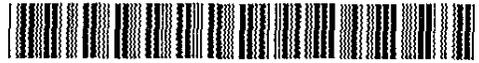
DOCUMENT # P00000012313

1. Entity Name
CGMHP, INC.



Principal Place of Business 1951 LAKE DAISY RD WINTER HAVEN, FL 33884	Mailing Address 29605 US 19 130 CLEARWATER, FL 33761
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3632146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

REIFF, ANDREW L
135 WEST CENTRAL BOULEVARD
STE. 720
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

B. 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 re-appointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000121900
 04/21/04 00000-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BRANTON, GEORGE 3301 AVE C NW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT PEASE, THOMAS E 29605 US 19 #130 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS BRANTON, ELIZABETH 3301 AVE C NW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Andrew L. Reiff **TC0203E** 4/18/04 727-785-7460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #