

**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**



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3632146

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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**

U000000121900

04/21/04-00000-000-150.00

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
BRANTON, GEORGE
STREET ADDRESS
3301 AVE C NW
CITY- ST- ZIP
WINTER HAVEN, FL 33880

TITLE
DT
NAME
PEASE, THOMAS E
STREET ADDRESS
29605 US 19 #130
CITY- ST- ZIP
CLEARWATER, FL 33761

TITLE
DS
NAME
BRANTON, ELIZABETH
STREET ADDRESS
3301 AVE C NW
CITY- ST- ZIP
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04
Date

727-785-7460
Daytime Phone #