2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000012313

1. Entity Name
CGMHP, INC.

Principal Place of Business	Mailing Address
1951 LAKE DAISY RD WINTER HAVEN, FL 33884	29605 US 19 130 CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

03232005   No Chg-P   CR2E034 (10/03)

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

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

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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04/19/05-80080-002 150.00

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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)(I), 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: _____   4/16/05   727 785-7460

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

TE PEASE