

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90019 023 ***150.00

DOCUMENT # P00000039451

1. Entity Name
CFRA, INC.



Principal Place of Business
1548 CAMELLIA COURT
LAKE PLACID, FL 33852

Mailing Address
1548 CAMELLIA COURT
LAKE PLACID, FL 33852

60010550



2. Principal Place of Business - No P.O. Box #
1546 Camellia Court
Suite, Apt. #, etc.

3. Mailing Address
1546 Camellia Court
Suite, Apt. #, etc.

01292007 Chg-P CR2E034 (12/06)

City & State
Lake Placid, FL

City & State
Lake Placid, FL

4. FEI Number
65-0994944

Applied For
Not Applicable

Zip Country
33852 Highlands

Zip Country
33852 Highlands

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

6. Name and Address of Current Registered Agent

SUEPPEL, WILLIAM L
1548 CAMELLIA COURT
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1546 Camellia Court
City Lake Placid FL Zip Code 33852

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SUEPPEL, WILLIAM L
STREET ADDRESS 1548 CAMELLIA COURT
CITY-ST-ZIP LAKE PLACID, FL 33852 ☐ Delete

TITLE VP
NAME SUEPPEL, TAMMY
STREET ADDRESS 1548 CAMELLIA COURT
CITY-ST-ZIP LAKE PLACID, FL 33852 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1546 Camellia Court
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1546 Camellia Court
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/07