

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075995

FILED
Apr 27, 2005
Secretary of State

Entity Name: CPR INVESTMENT PROPERTIES, INC.

Current Principal Place of Business:

1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3660972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAGER, ROBERT J
1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAGER, ROBERT J
Address: 1053 MAITLAND CENTER COMMONS BLVD
City-St-Zip: MAITLAND, FL 32751

Title: V (X) Delete
Name: ALGIER, FOSTER
Address: 1053 MAITLAND CENTER COMMONS BLVD
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. CRAGER

P

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date