

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000098774

1. Entity Name
C & P MERCHANDISING, INC.



Principal Place of Business
5150 DECEMBER LANE
BROOKSVILLE, FL 34604

Mailing Address
5150 DECEMBER LANE
BROOKSVILLE, FL 34604

FILED

04 APR 20 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1749580

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLBROOK, CARLY
5150 DECEMBER LANE
BROOKSVILLE, FL 34604

**DO NOT WRITE
IN THIS SPACE**

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 Carly Holbrook

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

Carly Holbrook

(NOTE: Registered Agent signature required when reinstating)

3-17-04

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHAFFER, CARL
5150 DECEMBER LANE
BROOKSVILLE, FL 34604

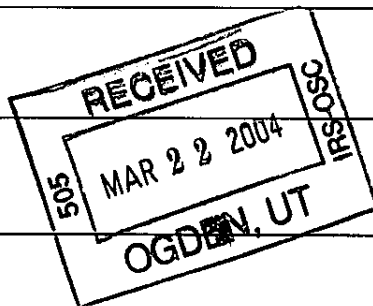
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



000035552320
05/06/04--01011--009 **150.00

**DO NOT WRITE
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)(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: Carl Shafer Carl Shafer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04 796-2199

Date Daytime Phone #