

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90191 026 \*\*\*558.75

**DOCUMENT # P01000029032**

1. Entity Name  
**C P I LIMITED, INC.**



Principal Place of Business  
**2551 DREW STREET  
STE 207  
CLEARWATER, FL 33765**

Mailing Address  
**2551 DREW STREET  
STE 207  
CLEARWATER, FL 33765**

**44047675**



2. Principal Place of Business

**2551 DREW STREET  
Suite, Apt. #, etc.  
STE 301**

3. Mailing Address

**2551 DREW ST.  
Suite, Apt. #, etc.  
STE 301**

03202003 Chg-P CR2E034 (10/03)

City & State

**CLEARWATER FL  
Zip 33765 Country US**

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**CLEARWATER FL  
Zip 33765 Country US**

4. FEI Number  
**59-3723733**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAZAS, BILL W  
1660 GULF BLVD #307  
CLEARWATER, FL 33767**

7. Name and Address of New Registered Agent

Name **Bill W. MAZAS**

Street Address (P.O. Box Number is Not Acceptable)

**2551 DREW ST. STE. 301**

City **CLEARWATER** FL Zip Code **33765**

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)

**7/5/04**

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MARAS, BILL W**  
STREET ADDRESS **1660 GULF BLVD #307**  
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P. TR** ☒ Change ☐ Addition  
NAME **MAZAS, BILL W**  
STREET ADDRESS **2551 DREW ST. STE. 301**  
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE **VP** ☐ Change ☒ Addition  
NAME **MAZAS, THOMAS W**  
STREET ADDRESS **606 EAST CHAPMAN**  
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **S** ☐ Change ☒ Addition  
NAME **VASILAKOS, SOPHIA**  
STREET ADDRESS **111 BAYSIDE DR.**  
CITY-ST-ZIP **CLEARWATER, FL 33767**

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

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

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

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:

**Bill W. Mazas**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/5/04**  
Date

**727-726-6678**  
Daytime Phone #