

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000029032

1. Entity Name
CPI LIMITED, INC.



Principal Place of Business

**2551 DREW STREET
SUITE 301
CLEARWATER, FL 33765 US**

Mailing Address

**2551 DREW STREET
SUITE 301
CLEARWATER, FL 33765 US**



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3723733

☐ Applied For
☐ Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAZAS, BILL W
2551 DREW STREET
SUITE 301
CLEARWATER, FL 33765**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

U00000555790
05/16/06-80047-001 150.00

TITLE PT
NAME MARAS, BILL W
STREET ADDRESS 2551 DREW STREET, SUITE 301
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE 1VP
NAME MAZAS, THOMAS W
STREET ADDRESS 606 EAST CHAPMAN
CITY-ST-ZIP LUTZ, FL 33549

TITLE S
NAME VASILAROS, SOPHIA
STREET ADDRESS 111 BAYSIDE DRIVE
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 727-726-6678