2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000030602

1. Entity Name
CP287, INC.

Principal Place of Business	Mailing Address
419 CORTEZ ROAD WEST BRADENTON, FL 34207 US	2220 34TH ST S SAINT PETERSBURG, FL 33711 US

DO NOT WRITE IN THIS SPACE

04182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1091533	Not Applicable

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

6. Name and Address of Current Registered Agent

BERTRAND, GIORGIA M
2807 KIPPS COLONY DR.
GULFPORT, FL 33707

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, 2008 Fee will be $550.00**

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

U00000943528
05/29/08-80063-013 150.00

10.	OFFICERS AND DIRECTORS			
TITLE	D			
NAME	BERTRAND, GIORGIO M			
STREET ADDRESS	2807 KIPPS COLONY DR.			
CITY-ST-ZIP	GULFPORT, FL 33707			
TITLE				
NAME				
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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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ GIORGIO BERTRAND 4/29/08 209-0233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #