

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000068007

1. Entity Name
CPA FINANCIAL, P.A.



Principal Place of Business
27657 OLD 41 ROAD
BONITA SPRINGS, FL 34135

Mailing Address
POST OFFICE BOX 2507
BONITA SPRINGS, FL 34133



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1119299

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARSLAND, WILLIAM W
STREET ADDRESS 27657 OLD 41 ROAD
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE VD
NAME PEREZ, LAWRENCE
STREET ADDRESS 27657 OLD 41 ROAD
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE STD
NAME SMITH, BRADLEY R CPA
STREET ADDRESS 27657 OLD 41 ROAD
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE
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U00000185828
01/21/05-80031-010 150.00

**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:

William W. Marsland
WILLIAM W. MARSLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-05 239-992-4232