


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90340 002 \*\*\*150.00

<b>DOCUMENT # P01000080078</b>			
1. Entity Name CPFRANGI, INC.			
Principal Place of Business 1444 SEAHOUSE ST. SEBASTIAN FL 32958		Mailing Address 1444 SEAHOUSE ST. SEBASTIAN FL 32958	
2. Principal Place of Business 1332 SHORELINE CIRCLE		3. Mailing Address 1332 SHORELINE CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SEBASTIAN, FL		City & State SEBASTIAN, FL	
Zip 32958	Country	Zip 32958	Country
6. Name and Address of Current Registered Agent FRANGIPANE, CAROL 1444 SEAHOUSE ST. SEBASTIAN FL 32958		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1332 SHORELINE CIRCLE City SEBASTIAN FL Zip Code 32958	
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 <i>Carol Frangipane</i> DATE <i>4/15/04</i> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANGIPANE, CAROL 1444 SEAHOUSE ST. SEBASTIAN FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1332 SHORELINE CIRCLE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>CAROL FRANGIPANE</i> <i>Carol Frangipane</i> <i>4/15/04</i> <i>772-581-5832</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



MOORE CR2E034 (11/03)