


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90113 003 ***150.00

DOCUMENT # P02000035221 1. Entity Name CFLP, INC.	
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Principal Place of Business 4010 CEDAR CAY CIR VALRICO, FL 33594	Mailing Address 4010 CEDAR CAY CIR VALRICO, FL 33594
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0556404	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARTER, ROSS S 4010 CEDAR CAY CIR VALRICO, FL 33594
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, ROSS S 4010 CEDAR CAY CIR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S T CARTER, JANE J 4010 CEDAR CAY CIR. VALRICO, FL 33594
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ross S Carter* *JANE J. CARTER* *4/28/08* *813-685-2888*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #