

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT# P02000109421

1. Entity Name
C.F.M.C., INC.



Principal Place of Business
4537 S. DALE MABRY HWY.
TAMPA, FL 33611

Mailing Address
3101 SOUTH BEACH DRIVE
TAMPA, FL 33629



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-4725010

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

COLMAN, JOHN P
3101 SOUT BEACH DR
TAMPA, FL 33629

**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**

000000819276
02/15/08-80077-011 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COLMAN, JOHN P
STREET ADDRESS 3101 SOUTH BEACH DR
CITY-ST-ZIP TAMPA, FL 33629

TITLE ST
NAME COLMAN, SCOTT P
STREET ADDRESS 5401 S. WESTSHORE BLVD
CITY-ST-ZIP TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5 FEB 08 813
839-3581