


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000080936</b>	
1. Entity Name CIA GROUP, INC.	

Principal Place of Business 4320 WOODLAND PARK DR W MELBOURNE, FL 32904	Mailing Address 4320 WOODLAND PARK DR W MELBOURNE, FL 32904
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-2133081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HEALY, PATRICK F 1800 W HIBISCUS BLVD STE 138 MELBOURNE, FL 32901
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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 \_\_\_\_\_

**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

U000000279209  
03/28/05-80058-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, W. ROBERT JR. 4320 WOODLAND PARK DR MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CUNNINGHAM, GARY R II 4320 WOODLAND PARK DR. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD INGRAM, BRUCE D 4320 WOODLAND PARK DR MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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:** W. Robert Anderson Jr. 3/17/05 321-727-7400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #