

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000080936

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



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2133081

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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

U000000913630
05/08/08-80023-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDERSON, W. ROBERT JR.
STREET ADDRESS 4320 WOODLAND PARK DR
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE STD
NAME CUNNINGHAM, GARY R II
STREET ADDRESS 4320 WOODLAND PARK DR.
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE VPD
NAME INGRAM, BRUCE D
STREET ADDRESS 4320 WOODLAND PARK DR
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W. Robert Anderson Jr. 4/17/08 321-723-3400