## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000091827

1. Entity Name CECP, INC.

## **FILED** Apr 23, 2004 8:00 am Secretary of State 04-23-2004 90215 034 \*\*\*150.00

		•	SO WE	TEST				
Principal Place of Busine	ss	Mailing Address	******					
46 NORTH WASHINGTON BLVD. #1 N		46 NORTH WASHINGTON BLVD. #1 N				54	039467	
		SARASOTA, FL 34236					•	
· · · · · · · · · · · · · · · · · · ·								
Principal Place of Business     3. Mailing Address			·					
		1858 Ringlin	<u>يد 18 ب</u>	d				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0405200	4 Chg-P	CR2E03	4 (10/03)	
City & State		City & State		4. FEI Nui			Applied For	
SARASOTA, FL		masola, r.l.		20-0	194621		Not Applicable	
Zip 34236	Country		ountry USA	5. Certific	ate of Status Desired		8.75 Additional ee Required	
3Nап	e and Address of Current Re	gistered Agent		-7. Naine a	and Address of New	Registered Ag	gent	
DANC E ZACHADY				Name LPS CORPORATE SERVICES, INC.				
RANS, E. ZACHARY 46 NORTH WASHINGTON BLVD.			Street Address (P.O. Box Number is Not Acceptable)					
#1 N			46 1	N. WASHIN	IGTON BLVI	D.?	8111 B. F. B.	
SARASOTA, FL 34236			SUL	PR 1				
			City	<u></u>	**************************************	<b></b>	Zip Code	
			SAR	ASOTA, FI		<u> </u>	34236	
<ol> <li>The above named entended the obligations of regions.</li> </ol>	ity submits this statement for th	e purpose of changing its regis	stered office or	registered agent, or	both, in the State of F	Torida. I am fa	miliar with, and accept	
trie obligations of real	samed agent.					1/	1. 1	
SIGNATURE // ///						-7/5/	104	
	d or printeg name / registered agent and t			re required when reinstating	•	DATE		
		1						
FILE MOWII	! <b>FEE IS \$150.00</b> 04 Fee will be \$550.00	Section Campaign F  Trust Fund Contributi		\$5.00 May Be Added to Fees				
Arter may 1, 200	74 Lea Mill De \$220.00	7, 451, 514, 551, 1150, 1	_	710000 to 7 000				
10.	0. OFFICERS AND DIRECTORS 11		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	☐ Delete TITL			D,P			Change XXAddition	
NAME			NAME	DIETRICE	KARL HI	ZINZ		
STREET ADDRESS			STREET ADDRESS		IĞLING BLV ., FLORIDA		6	
CITY-SI-ZIP			CITY-ST-ZIP		, thomas	1 7427		
TITLE		☐ Delete	TITLE	D,V	DOMATO	1	Change Addition	
NAME	•		NAME	DÉWOSKE,	GLING BL	מע		
STREET ADDRESS	•			SARASOTA	FLORIDA	A 3423	6	
CITY-ST-ZIP			CITY-ST-ZIP		.,			
TITLE			TITLE	D,T			Change XXAddition	
NAME			NAME	DIETRICE	I, OLAF IGLING BLV	7D		
i de la companya del companya de la companya del companya de la co		STREET ADDRESS		FLORIDA		5 - <del></del>		
CITY-ST-ZIP			CITY-ST-ZIP	Jilliooir	, LECKIDA	. 5725		
TITLE		☐ Delete	TITLE	S			Change XXAddition	
				AT THE				
NAME STREET ADDRESS			NAME STREET ADDRESS	GLENDINN	ING, RENI GLING BLY	EA M.		

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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

☐ Delete

☐ Detete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RENEA M. GLENDINNING, Secretary

(941) 365-4617

SARASOTA, FLORIDA 34236

PORTZ, JOSEF 1858 RINGLING BLVD. SARASOTA, FLORIDA 34236

WALTER STEINKAMP gen BUEKER 1858 RINGLING BLVD. SARASOTA, FLORIDA 34236

Date Daytime Phone #

☐ Change Addition

Change XXAddition