

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000145091

1. Entity Name
C.I.A. PROFESSIONAL CONTRACTORS, INC.



Principal Place of Business

3802 HIGHVIEW ROAD
SEFFNER, FL 33584

Mailing Address

3802 HIGHVIEW ROAD
SEFFNER, FL 33584

DO NOT WRITE IN THIS SPACE



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-7147456

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, CHARLOTTE I
3802 HIGHVIEW ROAD
SEFFNER, FL 33584

**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

U000000875018
04/11/08-80015-021 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME ANDERSON, CHARLOTTE I CONTRAC
STREET ADDRESS 3802 HIGHVIEW ROAD
CITY-ST-ZIP SEFFNER, FL 33584

TITLE D
NAME ANDERSON, RONNIE J SUPERIN
STREET ADDRESS 3802 HIGHVIEW ROAD
CITY-ST-ZIP SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Charlotte I. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08

Date

(813) 689-7313

Daytime Phone #