
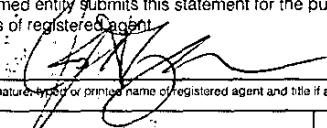
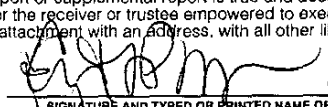


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90099 025 ***150.00

DOCUMENT # P03000157651 1. Entity Name CPM CONSULTING, INC.			
Principal Place of Business 7707 ALHAMBRA DR BRADENTON, FL 34209		Mailing Address 7707 ALHAMBRA DR BRADENTON, FL 34209	
2. Principal Place of Business 835 S. OSPREY AVE.		3. Mailing Address 835 S. OSPREY AVE. 409	
Suite, Apt. #, etc. 409		Suite, Apt. #, etc. 409	
City & State SARASOTA		City & State SARASOTA	
Zip 34236		Zip 34236	
Country USA		Country USA	
4. FEI Number 20-0527919		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCAGUE, CYNTHIA P. 7707 ALHAMBRA DR BRADENTON, FL 34209		7. Name and Address of New Registered Agent Jonathan McCague 835 S. Osprey Ave #409 Sarasota, FL 34236	
Name Jonathan McCague		Street Address (P.O. Box Number is Not Acceptable) 835 S OSPREY AVE	
City SARASOTA		State FL	
Zip Code 34236		Date 7/1/04	
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)	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Pres	NAME CYNTHIA MCCAGUE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 835 S. OSPREY AVE. #409	CITY-ST-ZIP SARASOTA, FL 34236		
TITLE Pres	NAME Jonathan McCague	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 835 S. Osprey Ave #409	CITY-ST-ZIP SARASOTA, FL 34236		
TITLE _____	NAME _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____		
TITLE _____	NAME _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____		
TITLE _____	NAME _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____		
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: 		CYNTHIA P. MCCAGUE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 7/1/04	
Daytime Phone # 941-453-7984		_____	

54060576



07012004 Chg-P CR2E034 (10/03)