

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90036 034 ***150.00

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1. Entity Name
CPALLIANCE FINANCIAL SERVICES, INC.



40010841

Principal Place of Business
1509 S FLORIDA AVE
LAKELAND, FL 33803

Mailing Address
1509 S FLORIDA AVE
LAKELAND, FL 33803



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0866172

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORRISON, JOSEPH A
3500 S FLORIDA AVE SUITE 3
LAKELAND, FL 33803

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, CHAS P
STREET ADDRESS 1050 LAKE HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND, FL 33803

TITLE D
NAME ASHLEY, FRANK M II
STREET ADDRESS 3856 CARRIE LANE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE D
NAME GOLOTKO, PETER C
STREET ADDRESS 4318 FOREST HILLS DR
CITY-ST-ZIP LAKELAND, FL 33813

TITLE *SD*
NAME *LUFFMAN, JAMES M*
STREET ADDRESS 1204 EASTON DR
CITY-ST-ZIP LAKELAND, FL 33803

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: *James M Luffman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-08
Date

863-688-1725
Daytime Phone #