2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-03-2005 90052 021 ***150.00

DOCUMENT # P04000057442

1. Entity Name
CAMBRIDGE PLACE, INC.

Principal Place of Business	Mailing Address
10102 EVERGREEN HILL DRIVE TAMPA, FL 33647	10102 EVERGREEN HILL DRIVE TAMPA, FL 33647

66004182

01302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
TAMPA	10102 EVERGREEN HILL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA	City & State: TAMPA FL
Zip: 33647 Country: USA	Zip: 33647 Country: USA

4. FEI Number: 920 M 1605 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STANTON, EKATERINA A ESQ.
10102 EVERGREEN HILL DRIVE
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: M. Stanton — 1/28/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	STANTON, MAURICE F	
STREET ADDRESS	10102 EVERGREEN HILL DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	VP	☐ Delete
NAME	STANTON, EKATERINA A ESQ.	
STREET ADDRESS	10102 EVERGREEN HILL DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: M. F. Stanton M. F. STANTON — 1/28/05 — 813-973-7607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #