

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90042 001 ***361.25

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DOCUMENT # P04000138498	
1. Entity Name CPE PROPERTIES, INC.	



Principal Place of Business 953 GONDOLIER BLVD. GULF BREEZE, FL 32563	Mailing Address 953 GONDOLIER BLVD. GULF BREEZE, FL 32563
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 6666 Suite, Apt. #, etc.
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City & State Gulf Breeze, FL	City & State Gulf Breeze, FL
Zip 32562	Country USA

03202006	Chg-P	CR2E034 (11/05)
4. FEI Number 65-1234527	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STOUDENMIRE, STERLING 953 GONDOLIER BLVD. GULF BREEZE, FL 32563	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOUDENMIRE, STERLING 953 GONDOLIER BLVD. GULF BREEZE, FL 32563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Sterling J. Stoudenmire</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>03/20/06</u> Daytime Phone: <u>850-476-3527</u>