

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90027 046 ***150.00

DOCUMENT # P05000000125

1. Entity Name
CM PROPERTIES OF TAMPA, INC.



Principal Place of Business
2910 WEST BAY TO BAY BLVD, SUITE 200
TAMPA, FL 33629

Mailing Address
2910 WEST BAY TO BAY BLVD, SUITE 200
TAMPA, FL 33629

40066929



2. Principal Place of Business - No P.O. Box #
3410 Henderson Blvd
Suite, Apt. #, etc.
Suite 200
City & State
Tampa FL
Zip
33609
Country
USA

3. Mailing Address
3410 Henderson Blvd
Suite, Apt. #, etc.
Suite 200
City & State
Tampa FL
Zip
33609
Country
USA

04092008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2229320

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JENNEWAIN, JONATHAN P
101 EAST KENNEDY BLVD, SUITE 3700
TAMPA, FL 33602

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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CROWDER, SHEFFIELD	
STREET ADDRESS	2910 WEST BAY TO BAY BLVD SUITE 200	
CITY - ST - ZIP	TAMPA, FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINCEY, DONALD	
STREET ADDRESS	2910 WEST BAY TO BAY BLVD SUITE 200	
CITY - ST - ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Sheff _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #