

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90030 029 \*\*\*150.00

**DOCUMENT # P06000022954**

1. Entity Name  
CFFLP, INC.



Principal Place of Business  
4040 UPPER CREEK DRIVE  
SUN CITY, FL 33573

Mailing Address  
4040 UPPER CREEK DRIVE  
SUN CITY, FL 33573

**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-4347760

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HARKINS JR., HAROLD L  
2803 BUSCH BLVD. W., SUITE 112  
TAMPA, FL 33618

**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

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, 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	P
NAME	FERLITA, CONRAD C
STREET ADDRESS	4040 UPPER CREEK DR
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	VP
NAME	Christopher C. Ferlita
STREET ADDRESS	4040 Upper Creek Dr
CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	
NAME	Elsie B Demond
STREET ADDRESS	4040 Upper Creek Dr
CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*[Signature]* C C Ferlita 1-9-08 813-633-1435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #