## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000080854

Entity Name: CPA INVESTMENT SOLUTIONS, INC.

FILED Mar 20, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2965 BEE RIDGE RD., STE. B 6371 BUSINESS BOULEVARD SARASOTA, FL 34239

101

SARASOTA, FL 34240

**Current Mailing Address: New Mailing Address:** 

2965 BEE RIDGE RD., STE. B 6371 BUSINESS BOULEVARD SARASOTA, FL 34239

SARASOTA, FL 34240

FEI Number: 26-0598863 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

DYCHES, ANGELA H. DYCHES, ANGELA H. 2965 BEÉ RIDGE RD., STE. B 6371 BUSINESS BOULEVARD SARASOTA, FL 34239 101

SARASOTA, FL 34240 US

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.

SIGNATURE: 03/20/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DPTS () Delete DYCHES, ANGELA H. Name: 2965 BEE RIDGE RD., STE. B Address: City-St-Zip: SARASOTA, FL 34239

( ) Delete Title: DV Name: DYCHES, BENJAMIN 2965 BEE RIDGE RD., STE. B Address: SARASOTA, FL 34239

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change ( ) Addition

Name: DYCHES, ANGELA H. 6371 BUSINESS BOULEVARD Address: City-St-Zip: SARASOTA, FL 34240

Title: DV (X) Change ( ) Addition

DYCHES, BENJAMIN Name: 6371 BUSINESS BOULEVARD Address: SARASOTA, FL 34239 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: ANGELA DYCHES 03/20/2008