## FOR PROFIT CORPORATION ANNUAL REPORT

#P92000006817 DOCUM.

CMC PROPERTY MANAGEMENT, INC.



**FILED** Apr 14, 2008 08:00 All Secretary of State

Principal Place of Business 1076 GOODLETTE RD N. NAPLES, FL 34102 US Mailing Address

1076 GOODLETTE RD N. NAPLES, FL 34102 US



## DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0370601 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, JOHN P. 1076 GOODLETTE RD N. NAPLES, FL 34102

## 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						
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CRONACHER, ROY W JR 1076 GOODLETTE N. NAPLES, FL 34102				U00000897723	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CRONACHER, JR, ROY W 1076 GOODLETTE ROAD N. NAPLES, FL 34102				04/25/08-80060-004 (158 <b>.7</b> 5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE , NAME STREET ADDRESS CITY-ST-ZIP			a*			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director						

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that if 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: ROY W. CROWACHER, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR