

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90001 005 \*\*\*150.00

**DOCUMENT # P93000066557**



1. Entity Name  
**CPS ENTERPRISES, INC.**

Principal Place of Business: **2756 SE 11TH ST, POMPANO BEACH, FL 33062 US**  
 Mailing Address: **2756 SE 11TH ST, POMPANO BEACH, FL 33062 US**

04000000



2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country  
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

05242004 Chg-P CR2E034 (10/03)

4. FEI Number: **59-3202888**

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent  
**GELLER, JACK J**  
**2560 GULF TO BAY BLVD.**  
**STE. 300**  
**CLEARWATER, FL 34625**

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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>HANNAN, JOSEPH</b>	
STREET ADDRESS: <b>2756 SE 11TH ST</b>	
CITY-ST-ZIP: <b>POMPANO BEACH, FL 33062</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>HANNAN, MARGARET</b>	
STREET ADDRESS: <b>2756 SE 11TH ST</b>	
CITY-ST-ZIP: <b>POMPANO BEACH, FL 33062</b>	
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 exemption stated in Section 119.07(3)(i), 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: Margaret Hannan 3/15/04 (954)788-6390  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54055585-

#P9300066557

© HARLAN STYLE INC.

**CPSENTERPRISES, INC.**  
 PHONE: (903) 692-6990  
 2756 SE 11TH ST  
 POKIPANO BEACH, FL 33062

**8583**

DATE: 3/15/04

AMOUNT: \$ 150.00

TO THE ORDER OF: *Florida Department of State*

*One Hundred Fifty Dollars*

**SOUTH FLORIDA BANK** FEI # 59-3292888

FOR DEPOSIT ONLY: #P9300066557

ACCOUNT # P9300066557

PHONE: (858) 408-1094

*Margaret A. Williams*

89-9496311  
 85MARCH 2004

Attachment

540555-85-

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

# P9300066557

Dear Sir/Madam:

May 24, 2004

On March 15, 2004 I have sent in the original form and a check for \$150 (check#8583 copy attached) for the annual report for Profit Corporation. I was informed that the check and form were never received and were lost in mail.

Attached please find a duplicate copy of the report and another check for \$150. Thank you very much for your help in this matter. Please call or e-mail me if you need any additional information.

Sincerely,



Margaret Hanran  
2756 SE 11th St.

Pompano Beach, FL 33062

(954)788-6390

cpsenterprises@comcast.net