

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000075629

1. Entity Name
CV & RD CORPORATION



Principal Place of Business
**13903 LAKE BLUFF CT
TAMPA, FL 33624**

Mailing Address
**13903 LAKE BLUFF CT
TAMPA, FL 33624**



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3273383

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOTRANZA, STEVE
13903 LAKE BLUFF CT
TAMPA, FL 33624**

**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

1000000402428
02/03/06-80008-004 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PANTALEO, CLARA
STREET ADDRESS 13903 LAKE BLUFF CT
CITY-ST-ZIP TAMPA, FL 33624

TITLE VD
NAME KOTRANZA, STEVE
STREET ADDRESS 13903 LAKE BLUFF CT
CITY-ST-ZIP TAMPA, FL 33624

TITLE STD
NAME ALBERTS, DEBRA
STREET ADDRESS 13903 LAKE BLUFF CT
CITY-ST-ZIP TAMPA, FL 33624

TITLE D
NAME ALBERTS, MICHAEL
STREET ADDRESS 13903 LAKE BLUFF CT
CITY-ST-ZIP TAMPA, FL 33624

TITLE D
NAME WARNER, JAMES
STREET ADDRESS 13903 LAKE BLUFF CT
CITY-ST-ZIP TAMPA, FL 33624

TITLE D
NAME WARNER, VITA
STREET ADDRESS 13903 LAKE BLUFF CT
CITY-ST-ZIP TAMPA, FL 33624

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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: *Debra Alberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/06 813 909 8587