

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000031186

1. Entity Name
CPS CONTRACT PROPERTY SERVICES, INC.



Principal Place of Business
1733 W. FLETCHER AVENUE
TAMPA, FL 33612

Mailing Address
PO BOX 11229
KNOXVILLE, TN 37939 US

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90144 014 ***150.00



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3477172

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L
BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802 - 11TH STREET WEST
BRADENTON, FL 34205

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | DP |
| NAME | LEVIN, STEVEN |
| STREET ADDRESS | 21301 POWERLINE RD SUITE 312 |
| CITY-ST-ZIP | BOCA RATON, FL 33463 |
| TITLE | DV |
| NAME | RICE, SUZANNE LEVIN |
| STREET ADDRESS | 1733 W. FLETCHER AVENUE |
| CITY-ST-ZIP | TAMPA, FL 33612 |
| TITLE | DST |
| NAME | LEVIN, RICHARD |
| STREET ADDRESS | 1733 W FLETCHER AVE |
| CITY-ST-ZIP | TAMPA, FL 33612 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Levin, President

Date

3/21/05

Daytime Phone #