


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90052 012 \*\*\*150.00

DOCUMENT # P95000032143

1. Entity Name  
Construction Professionals Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #  
175 Palmetto Circle

3. Mailing Address  
Same

Suite, Apt. #, etc.

City & State  
Port Charlotte, Florida

City & State

Zip  
33952

Country  
USA

Zip

Country

**40041258**

CR2E034B (5/07)

4. FEI Number  
65-0568809

Applied For  
☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Wayne A. Kerry, Sr.

Street Address (P.O. Box Number is Not Acceptable)  
175 Palmetto Circle

City  
Port Charlotte,

City  
FL

Zip  
33952

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 Wayne A. Kerry

Signature, typed or printed name of registered agent, whichever is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Wayne A. Kerry, Sr.</u> <u>175 Palmetto Circle</u> <u>P.C. FL. 33952</u> <u>President</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne A. Kerry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40041258  
#P95000032743

2/26/08

CORPORATE DETAIL RECORD SCREEN

9:14 AM

NUM: P95000032743 ST:FL ACTIVE/FL PROFIT FLD: 04/26/1995

FEI#: 65-0568809

NAME : CONSTRUCTION PROFESSIONALS INC. .

CHANGED: 04/04/07

PRINCIPAL: 175 PALMETTO CIRCLE

ADDRESS PORT CHARLOTTE, FL 33952 US

RA NAME : KERRY, WAYNE A SR.

NAME CHG: 03/24/04

RA ADDR : 175 PALMETTO CIRCLE

ADDR CHG: 04/04/07

PORT CHARLOTTE, FL 33952

ANN REP : (2005) W 01/22/05 (2006) W 02/21/06 (2007) W 04/04/07

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: