

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90023 043 ***150.00

DOCUMENT # P96000005843

1. Entity Name

CPL GROUP, INC.



Principal Place of Business

2909 BAY TO BAY BLVD
109
TAMPA FL 33629
US

Mailing Address

2909 BAY TO BAY BLVD
109
TAMPA FL 33629
US

2. Principal Place of Business

3. Mailing Address

4440 ADAMO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

401

City & State

City & State
TAMPA FL

Zip

Country

Zip

33605

Country

US

4. FEI Number

59-3356528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALE, JAMES C
4215 SAN JUAN ST.
TAMPA FL 33629

Name

KALE, JAMES C.

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

4408 W. DALE AVE.

City

TAMPA

FL

Zip Code

33609

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

JCKL JAMES C. KALE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/11/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

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 T ☐ Delete
NAME KALE, JAMES C
STREET ADDRESS 4215 SAN JUAN ST.
CITY-ST-ZIP TAMPA FL 33629

TITLE P ☐ Delete
NAME PIVIDAL, LAWRENCE J
STREET ADDRESS 918 N. RIVERHILLS DR
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE VP ☐ Delete
NAME SCHALLER, PAUL C
STREET ADDRESS 4502 COUNTRY GATE CT.
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☒ Change ☐ Addition
NAME KALE, JAMES C.
STREET ADDRESS 4408 W. DALE AVE
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

JCKL JAMES C KALE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05

Date

(813) 241-0607

Daytime Phone #