


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90435 029 ***150.00

DOCUMENT # P96000053290

1. Entity Name
C.P.D. OPERATIONS, INC.



Principal Place of Business Mailing Address
54 6TH ST **213 HILLS ROAD**
NOKOMIS, FL 34275 **NOKOMIS, FL 34275**

20041896

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04102006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0677524 Not Applicable

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

6. Name and Address of Current Registered Agent

PRIDEMORE, SANDRA
2295 TAMiami TR
STE 1
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name **Patti DeLoreto**

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

213 Hills Rd

City **Nokomis** FL Zip Code **34275**

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 *Patti L. DeLoreto* *Patti L. DeLoreto* *4-10-06*

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, 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	PDC	<input type="checkbox"/> Delete
NAME	DELORETO, CHRISTIAN D	
STREET ADDRESS	213 HILLS ROAD	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, BETTY M	
STREET ADDRESS	725 SESAME ST	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	VTND	<input type="checkbox"/> Delete
NAME	DELORETO, PATTI L	
STREET ADDRESS	213 HILLS ROAD	
CITY-ST-ZIP	NOKOMIS, FL 34275	
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		
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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 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: *Chris M. DeLoreto* *4-25-06* *941-485-3934*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #