

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053290

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

FILED
Jan 25, 2009
Secretary of State

Current Principal Place of Business:

54 6TH ST
NOKOMIS, FL 34275

New Principal Place of Business:

54 6TH ST W
NOKOMIS, FL 34275

Current Mailing Address:

213 HILLS ROAD
NOKOMIS, FL 34275

New Mailing Address:

54 6TH ST W
NOKOMIS, FL 34275

FEI Number: 65-0677524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELORETO, PATTI
213 HILLS RD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

DELORETO, CHRIS
54 6TH ST W
NOKOMIS, FL 34275 US

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.

SIGNATURE: CHRIS D. DELORETO

01/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: DELORETO, CHRISTIAN D
Address: 213 HILLS ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: S () Delete
Name: THOMAS, BETTY M
Address: 725 SESAME ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: VTND (X) Delete
Name: DELORETO, PATTI L
Address: 213 HILLS ROAD
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDCS (X) Change () Addition
Name: DELORETO, CHRISTIAN D
Address: 213 HILLS ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: VTND (X) Change () Addition
Name: DELORETO, PATTI L
Address: 213 HILLS RD
City-St-Zip: NOKOMIS, FL 34275

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS D DELORETO

S

01/25/2009

Electronic Signature of Signing Officer or Director

Date