


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JUL 30 AM 5:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000062486		
1. Entity Name COMPLETE PROPERTY DEVELOPMENT CORP.		

Principal Place of Business 3307 NORTHLAKE BLVD STE 107 PALM BEACH GARDENS, FL 33410	Mailing Address 3307 NORTHLAKE BLVD STE 107 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33403	Country



07202007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0736281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROSSEN, JOSEPH F 3307 NORTHLAKE BLVD STE 107 PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33403
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSSEN, JOSEPH F 3307 NORTHLAKE BLVD, STE 107 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

800107264228  
08/03/07--01052--014 \*\*150.00

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, by an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-33-07 361-626-2778  
Date Daytime Phone #

7/31/07

2/2

# COMPLETE PROPERTY MANAGEMENT, INC.

JOSEPH F. CROSSEN, PRESIDENT  
3307 Northlake Blvd., Suite 107  
Palm Beach Gardens, Florida 33403  
Ofc. (561) 626-2778 Fax (561) 626-3911

July 20, 2007

## REAL ESTATE

Investments

Consultation

Project Development

Appraisals

R.E. Brokers License  
BL-0574356

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Annual Reports: Doc #P97000099902  
#P96000062486  
#A02000000956  
#654330

## TO WHOM IT MAY CONCERN:

## PROPERTY MANAGEMENT

Management Surveys

Feasibility Studies

Market Analysis

Recently we received "Notice of Intent to Dissolve" forms indicating that the above noted entities had not filed the annual corporate report. This is an error and I must assume it is an error created by your office.

Enclosed please find copies of the original checks issued in payment of all of the above corporate reports as well as a copy of the original forms submitted. You will note that the address listed on the check copies is correct!

This letter is written to request that you waive any and all additional fees charged. Enclosed with this letter you will find substitute checks issued for the original fees charged.

## CONSTRUCTION AND DEVELOPMENT

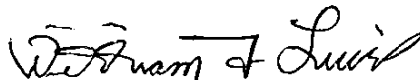
Land Development

Conceptual Analysis

General Contractor  
Lic #CGC041819

If this is not acceptable or if you have any questions I request that you call me directly at the number listed above.

Sincerely,



William F. Lewis  
General Manager/Controller