

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000096584

1. Entity Name  
CIA NORTH, INC.



Principal Place of Business  
4320 WOODLAND PK DR  
WEST MELBOURNE, FL 32904

Mailing Address  
4320 WOODLAND PK DR  
WEST MELBOURNE, FL 32904



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3423461

Applied For  
Not Applicable

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

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

HEALY, PATRICK F ESQ.  
700 S. BABCOCK STREET  
MELBOURNE, FL 32902-2523

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000913627  
05/08/08-80023-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
INGRAM, BRUCE  
4320 WOODLAND PK DR  
W MELBOURNE, FL 32904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ANDERSON, W R JR  
4320 WOODLAND PK DR  
W MELBOURNE, FL 32904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
CUNNINGHAM, GARY R  
4320 WOODLAND PARK DR  
MELBOURNE, FL 32904

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*W. Robert Anderson Jr.* 4/17/08 321-723-3400