## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000094765

STILES, RICHARD

2814 BARRET AVENUE

PLANT CITY, FL 33566

Name:

Address:

City-St-Zip:

Entity Name: CPR HOLDING, INCORPORATED

FILED Mar 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2100 CONSULATE DRIVE SUITE 103 ORLANDO, FL 32837 **New Mailing Address: Current Mailing Address:** P.O. BOX 953154 LAKE MARY, FL 327953154 FEI Number: 59-3477041 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALFONSO, SUZETTE M 300 S HYDE PARK AVE, SUITE 270 TAMPA, FL 33606 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVP () Delete Title: (X) Change ( ) Addition GALANOS, PERRY Name: Name: GALANOS, PERRY 3237 AMACA CIRCLE 2100 CONSULATE DRIVE, S 103 Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837 Title: DΡ Title: () Change () Addition () Delete Name: BULLARD, CHARLES Name: 429 RACOON STREET Address: Address: LAKE MARY, FL 32746 City-St-Zip: City-St-Zip: Title: Title: DST ( ) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES R BULLARD DP 03/30/2009