

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000026737

FILED  
Mar 09, 2010  
Secretary of State

Entity Name: CECI GROUP, INC.

**Current Principal Place of Business:**

3106 SOUTH HORSESHOE DRIVE  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

3106 SOUTH HORSESHOE DRIVE  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 59-3502582      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BROWN, DENNIS C ESQ.  
BOND, SCHOENECK & KING, P.A.  
4001 TAMiami TRAIL NORTH, SUITE 250  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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:**

Title: PD  
Name: STEPHEN, MICHAEL F  
Address: 374 S GOLF DRIVE  
City-St-Zip: NAPLES, FL 34102 US

Title: VSD  
Name: POFF, MICHAEL T  
Address: 1609 GARDENIA LANE  
City-St-Zip: NAPLES, FL 34105 US

Title: D  
Name: EWING, RICHARD J  
Address: 982 ROSE WAY  
City-St-Zip: NAPLES, FL 34104 US

Title: T  
Name: BENFIELD, DONNA R  
Address: 1471 SAN MARCOS BOULEVARD  
City-St-Zip: NAPLES, FL 34104 US

Title: D  
Name: WORLEY, DANA L  
Address: 2584 44TH TERRACE S.W.  
City-St-Zip: NAPLES, FL 34116 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL F STEPHEN

PD

03/09/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date