
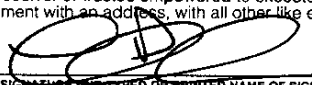


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90059 007 \*\*\*150.00

<b>DOCUMENT # P98000055457</b> 1. Entity Name <b>CFP CORP.</b>					
Principal Place of Business <b>1102 BEN FRANKLIN DR 307 SARASOTA, FL 34236</b>			Mailing Address <b>1104 FONTAINE ROAD LEXINGTON, KY 40502</b>		
2. Principal Place of Business <b>5940 Palmer Blvd.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Sarasota FL</b>		City & State			
Zip <b>34232</b>		Country <b>Sarasota</b>		Zip	
Country		Country			
4. FEI Number <b>65-0902597</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MEDLOCK, SHIRLEY ANN 5940 PALMER BLVD SARASOTA, FL 34232</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COLE COLLINS, BELVA 2377 THE WOODS LANE LEXINGTON, KY 40502 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, PHILIP V 420 NORTHWEST 11TH AVE., NO 618 PORTLAND, OR 97209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, ELIZABETH A 1036 RAY ST. MARYVILLE, TN 37803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cole, Elizabeth A 1025 Sterling Ave. Maryville TN 37803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLE, CHARLES D 1104 FONTAINE RD. LEXINGTON, KY 40502 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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: 			<b>Charles D. Cole</b> 3-7-06 Pres. C.F.P. Corp.		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3-7-06</b> Daytime Phone # <b>859-255-8581</b>		