

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000055457**

1. Entity Name  
CFP CORP.



Principal Place of Business  
5940 PALMER BLVD  
SARASOTA, FL 34232

Mailing Address  
1104 FONTAINE ROAD  
LEXINGTON, KY 40502



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0902597**

Applied For  
Not Applicable

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

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

MEDLOCK, SHIRLEY ANN  
5940 PALMER BLVD  
SARASOTA, FL 34232

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000585060  
01/12/07-80063-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DST  
COLE COLLINS, BELVA  
2377 THE WOODS LANE  
LEXINGTON, KY 40502

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
COLE, PHILIP V  
420 NORTHWEST 11TH AVE., NO 618  
PORTLAND, OR 97209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
COLE, ELIZABETH A  
1025 STERLING AVE  
MARYVILLE, TN 37803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
COLE, CHARLES D  
1104 FONTAINE RD.  
LEXINGTON, KY 40502

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

Charles D. Cole,  
President

1/8/07 859  
255-8581  
Date Daytime Phone #