

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000055457

Entity Name: CFP CORP.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

5940 PALMER BLVD
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

1104 FONTAINE ROAD
LEXINGTON, KY 40502

New Mailing Address:

FEI Number: 65-0902597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDLOCK, SHIRLEY ANN
5940 PALMER BLVD
SARASOTA, FL 34232 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: DST () Delete
Name: COLE COLLINS, BELVA
Address: 2377 THE WOODS LANE
City-St-Zip: LEXINGTON, KY 40502

Title: D () Delete
Name: COLE, PHILIP V
Address: 420 NORTHWEST 11TH AVE., NO 618
City-St-Zip: PORTLAND, OR 97209

Title: D () Delete
Name: COLE, ELIZABETH A
Address: 4713 LYONS VIEW DRIVE
City-St-Zip: KNOXVILLE, TN 37919

Title: DP () Delete
Name: COLE, CHARLES D
Address: 1104 FONTAINE RD.
City-St-Zip: LEXINGTON, KY 40502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHARLES D COLE PRES OF CFP CORP

DP

01/22/2009

Electronic Signature of Signing Officer or Director

Date