

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000037721

1. Entity Name
C P ASSET MANAGEMENT, INC.



Principal Place of Business
1707 W. REYNOLDS ST.
PLANT CITY, FL 33567

Mailing Address
1707 W. REYNOLDS ST.
PLANT CITY, FL 33567



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3576183

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRAY, LESLIE B
1707 W. REYNOLDS ST.
PLANT CITY, FL 33567

**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)

07/13/05-80004-004 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME MUELLER, W. ANDREW JR.
STREET ADDRESS 1707 W. REYNOLDS ST.
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE D
NAME STERTZER, CHARLOTTE M
STREET ADDRESS 1707 W. REYNOLDS ST.
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE D
NAME GRAY, LESLIE B
STREET ADDRESS 1707 W. REYNOLDS ST.
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Leslie B. Gray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLIE B. GRAY 7-11-05 813-752-6183
Date Daytime Phone #