

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 A
Secretary of State

DOCUMENT # P99000037721 1. Entity Name C P ASSET MANAGEMENT, INC.	
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Principal Place of Business 1707 W. REYNOLDS ST. PLANT CITY, FL 33567	Mailing Address 1707 W. REYNOLDS ST. PLANT CITY, FL 33567
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05032006 No Chg-P CR2E034 (11/05)

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

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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 _____ U00000562822
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 05/19/06-80070-011 150.00
DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	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.
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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	
TITLE	
NAME	
STREET ADDRESS	
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 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:  **LESLIE GRAY** 5-3-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #