2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P99000060672 Jan 27, 2006 08:00 AN 1. Entity Name **Secretary of State** CPN CONTRACTORS, INC. Mailing Address Principal Place of Business 3110 59TH AVENUE DRIVE EAST BRADENTON FL 34203 3110 59TH AVENUE DRIVE EAST BRADENTON FL 34203 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 65-0931717 Not Applicat Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEMIEUX, CHRISTOPHER K Street Address (P.O. Box Number is Not Acceptable) 3110 59TH AVENUE DRIVE EAST **BRADENTON FL 34203** Zio 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. (NOTE Registered Agent signature required while romstating) Signature, typed or printed name of registered agent and little 4 applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 ☐ Change ☐ Ai TITLE Detete TULF 1100000405382 LEMIEUX, CHRISTOPHER K MAME NAME 02/07/06-80038-025 150.00 STREET ADDRESS STREET ADDRESS 3611 TALLEVAST ROAD CRY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Ada" Delete THLE ☐ Change TITLE HAME NAME LEMIEUX, PAUL P STREET ADDRESS STREET ADDRESS 627 N. SHADE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 Oelete Change □ A· HILE HILE NAME MALÆ LEMIEUX, NOELLE L STREET ADDRESS STREET ADDRESS 8450 GARDEN CIRCLE UNIT 103 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Detete TITLE ☐ Change T Ad TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ A.; Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P ☐ Ad-THILE ☐ Change THE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE: PAUL LEMIEN STEWN 1-23-01 941-756-00