

2006

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)****FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90396 033 \*\*\*150.00

DOCUMENT # *D99000066849*

1. Entity Name

*CFPS Corporation***DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*4004 Ligustrum Dr*

3. Mailing Address

*4004 ~~ALCOTT~~ Ligustrum Dr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

*Palm Harbor, FL*

City &amp; State

*PALM HARBOR, FL*

4. FEI Number

*59-3591286*

Applied For

Not Applicable

Zip

*34658*

Country

*U.S.A.*

Zip

*34658*

Country

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

7. Name and Address of Current Registered Agent

Name

*Clyde F PARRISH Jr*

Street Address (P.O. Box Number is Not Acceptable)

*4004 Ligustrum Dr*

City

*Palm Harbor*

FL

Zip Code

*34658***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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

CHANGE TO:

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP*SEC-TREAS.  
PARRISH, Clyde F. Sr  
1305 SILVER LAKE DR  
MELBOURNE, FL 32940*TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP*PARRISH, Clyde F. Sr.  
9247 ALCOTT WAY  
TRINITY, FL 34655-4600*TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP*PRESIDENT  
PARRISH, Clyde F. Jr  
4004 Ligustrum Dr  
Palm Harbor, FL 34658*TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIPTITLE  
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/05/06 (727) 372-1712*

Date

Daytime Phone #

# ATTACHMENT

**CFPS Corporation**

4004 Ligustrum Drive  
Palm Harbor, FL 34658

April 6, 2006

60027842  
#99000066849

Florida Department of Revenue  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

We are enclosing check #1345 for \$150.00 for the 2006 For Profit Corporation Annual Report also enclosed.

We have recently moved from the 1305 Silver Lake Drive, Melbourne, FL 32940 address effective January 1, 2006 to 4004 Ligustrum Drive, Palm Harbor, FL 34658. In addition, the registered agent's name has changed to Clyde F. Parrish, Jr. and the address is 4004 Ligustrum Drive, Palm Harbor, FL 34658.

Cordially,



Clyde F. Parrish, Sr.  
Secretary-Treasurer

Sp

Enclosures