

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90003 021 ***150.00

DOCUMENT # P99000066849					
1. Entity Name CFPS CORPORATION					
Principal Place of Business 4004 LIGUSTRUM DR PALM HARBOR, FL 34658			Mailing Address 4004 LIGUSTRUM DR PALM HARBOR, FL 34658		
2. Principal Place of Business - No P.O. Box # 938 Cypress LAKES Blvd		3. Mailing Address 938 Cypress LAKES Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tarpon Springs Blvd		City & State Tarpon Springs Blvd			
Zip 34688		Country U.S.A.		Zip 34688	
Country U.S.A.		4. FEI Number 59-3591286			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PARRISH, CLYDE F SR. 4004 LIGUSTRUM DR PALM HARBOR, FL 34658			7. Name and Address of New Registered Agent Name: PARRISH, CLYDE F. JR. Street Address (P.O. Box Number is Not Acceptable): 938 Cypress LAKES Blvd. City: Tarpon Springs FL Zip Code: 34688		
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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 3-MAR-2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARRISH, CLYDE F SR. <input type="checkbox"/> Delete 9247 ALCOTT WY NEW PORT RICHEY, FL 346554600		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARRISH, CLYDE F. JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 938 Cypress LAKES BLVD Tarpon Springs, FL 34688	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRISH, CLYDE F JR. <input type="checkbox"/> Delete 4004 LIGUSTRUM DR PALM HARBOR, FL 34658		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 an other like empowered.

SIGNATURE: *[Signature]* ST/Clyde F. Parrish, Sr 3/3/07 (727) 372-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #