

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097562

Entity Name: CFP HOLDINGS, INC.

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

1737 JESSIE STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 428  
PLEASANT GARDEN, NC 27373

**New Mailing Address:**

FEI Number: 58-2508940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONOWALL, KATHLEEN  
1737-1 JESSIE STREET  
JACKSONVILLE, FL 32206 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CONOWALL, STEPHEN L  
Address: 1214 QUEEN'S ISLAND CT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: CONOWALL, KATHLEEN L  
Address: 1214 QUEEN'S ISLAND CT  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY R PARSONS

CPA

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date