

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S15044**

1. Entity Name  
CPZ, INC.



Principal Place of Business  
502 E NEW HAVEN AVENUE  
MELBOURNE, FL 32901 US

Mailing Address  
502 E NEW HAVEN AVENUE  
MELBOURNE, FL 32901 US



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-0343346

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FALLACE, JAMES H  
1900 SO HICKORY STREET  
MELBORUNE, FL 32901

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME PAYLOR, RALPH  
STREET ADDRESS 502 E HEW HAVEN AVENUE  
CITY - ST - ZIP MELBOURNE, FL

TITLE D  
NAME ZORBIS, ANDREW  
STREET ADDRESS 502 E N EW HAVEN AVENUE  
CITY - ST - ZIP MELBOURNE, FL

TITLE D  
NAME CORCORAN, MICHAEL F.  
STREET ADDRESS 502 E NEW HAVEN AVENUE  
CITY - ST - ZIP MELBOURNE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

UD00000932247  
05/22/08-80047-010 158.75

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph R. Paylor

Date

4-22-08

Daytime Phone #

321-727-2020X4003