

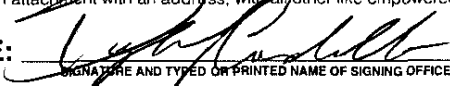


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90292 046 ***150.00

DOCUMENT # V49919 1. Entity Name C.P.E., INC.						
Principal Place of Business 2250 AVENIDA DEL VERA N FORT MYERS, FL 33917 US			Mailing Address 2250 AVENIDA DEL VERA N FORT MYERS, FL 33917 US			
2. Principal Place of Business 12800 UNIVERSITY DR. Suite, Apt. #, etc. SUITE 400 City & State FORT MYERS, FL Zip 33907 Country USA		3. Mailing Address 12800 UNIVERSITY DR. Suite, Apt. #, etc. SUITE 400 City & State FORT MYERS, FL Zip 33907 Country USA				
4. FEI Number 59-3181121		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent CALLAHAN, W. SCOTT 37 NORTH ORANGE AVENUE, SUITE 200 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	VP CLARK, FRED D 2250 AVENIDA DEL VERA NORTH FT MYERS, FL 33917		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12800 University Dr., Ste 400 Fort Myers, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEN, MICHAEL E 550 MAMARONECK AVE HARRISON, NY 10528		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12800 University Dr., Ste 400 Fort Myers, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORDELLO, DOUGLAS 2250 AVENIDA DEL VERA N FORT MYERS, FL 33917		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12800 University Dr., Ste 400 Fort Myers, FL 33907	<input checked="" 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 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 Block 11 if changed, or on an attachment with an address, with another like empowered.						
SIGNATURE:  4/20/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
<div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>						