2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# 609813

Entity Name: CENTRAL FLORIDA BOX CORPORATION

Current Principal Place of Business:

4535 34TH ST
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4535 34TH ST
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-1887833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMSEY, THOMAS A
735 LAKE HIAWASSEE DR
ORLANDO, FL 32811 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: T ( ) Delete
Name: HOSKINS, ALISA
Address: 743 LAKE HIAWASSE DR
City-St-Zip: ORLANDO, FL 32835

Title: PD ( ) Delete
Name: RAMSEY, THOMAS
Address: 742 LAKE HIAWASSEE DRIVE
City-St-Zip: ORLANDO, FL

Title: VPSL ( ) Delete
Name: RAMSEY, JEFFREY
Address: 735 LAKE HIAWASSEE
City-St-Zip: ORLANDO, FL 32835

Title: VPMK ( ) Delete
Name: HYNES, CHARLES
Address: 2813 FALCON RIDGE
City-St-Zip: CLERMONT, FL 34711

Title: VPPR ( ) Delete
Name: MAGLIARO, JOSEPH
Address: 7861 ST ANDREWS CIR
City-St-Zip: ORLANDO, FL 32835

Title: MGR ( ) Delete
Name: RAMSEY, ANGELA
Address: 7221 BAY CLUB WAY
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change ( ) Addition
Name: HOSKINS, ALISA
Address: 743 LAKE HIAWASSE DR
City-St-Zip: ORLANDO, FL 32835

Title: CEO (X) Change ( ) Addition
Name: RAMSEY, THOMAS
Address: 742 LAKE HIAWASSEE DRIVE
City-St-Zip: ORLANDO, FL

Title: PRES (X) Change ( ) Addition
Name: RAMSEY, JEFFREY
Address: 735 LAKE HIAWASSEE
City-St-Zip: ORLANDO, FL 32835

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

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 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 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: ALISA HOSKINS CFO 03/17/2005

Electronic Signature of Signing Officer or Director — Date