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AFFORDABLE A

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90280 022 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000010627			
1. Entity Name CEN-FLOR SERVICES, INC.			
Principal Place of Business 35140 HAINES CREEK ROAD LEESBURG, FL 34788 US		Mailing Address 35140 HAINES CREEK ROAD LEESBURG, FL 34788 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 69-3624755		04252005 Chg-P CR2E034 (10/03) Apply For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOLUB, MICHAEL E 418 W. ALFRED ST., STE. 1 TAVARES, FL 32778		Name JOHN R CLARK P-VP-S-T Street Address (P.O. Box Number is Not Acceptable) 35140 HAINES CREEK RD. City LEESBURG FL Zip Code 34788	
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>J.R. Clark</i>		DATE <i>4-25-05</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D CLARK, JOHN R 35140 HAINES CREEK ROAD LEESBURG, FL 34788	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 checked, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>J.A. Clark</i>		DATE <i>4-25-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR		Date	

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