FILED
May 15, 2008 8:00 am
Secretary of State
05-15-2008 90023 023 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00480

1. Entity Name
CENTRAL PARKING SYSTEM OF FLORIDA, INC.

40102528

Principal Place of Business	Mailing Address
2401 21ST AVE S SUITE 200 NASHVILLE, TN 37212	2401 21ST AVE S SUITE 200 2401 21ST AVENUE, SOUTH SUITE 200 NASHVILLE, TN 37212

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212008 Chg-P CR2E034 (12/06)

4. FEI Number 62-1190082 — Applied 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C ☒ Delete	TITLE	CFO ☒ Change ☐ Addition
NAME	CARELL, MONROE J JR	NAME	Hill, John
STREET ADDRESS	2401 21ST AVE S #200	STREET ADDRESS	2401 21st Ave. S. #200
CITY-ST-ZIP	NASHVILLE, TN	CITY-ST-ZIP	Nashville, TN 37212
TITLE	S ☐ Delete	TITLE	DIR ☐ Change ☒ Addition
NAME	ABBOTT, HENRY J	NAME	Eads, Emanuel
STREET ADDRESS	2401 21ST AVE S # 200	STREET ADDRESS	2401 21st Ave. S #200
CITY-ST-ZIP	NASHVILLE, TN	CITY-ST-ZIP	Nashville, TN 37212
TITLE	CEO ☐ Delete	TITLE	DIR ☐ Change ☒ Addition
NAME	EADS, EMANUEL	NAME	Woodward, Gordon
STREET ADDRESS	2401 21ST AVE S. # 200	STREET ADDRESS	2401 21st Ave. S #200
CITY-ST-ZIP	NASHVILLE, TN 37212	CITY-ST-ZIP	Nashville, TN 37212
TITLE	T ☐ Delete	TITLE	DIR ☐ Change ☒ Addition
NAME	WOODS, DAWN	NAME	Hollander, Seth
STREET ADDRESS	2401 21ST AVE S. # 200	STREET ADDRESS	2401 21st Ave S. #200
CITY-ST-ZIP	NASHVILLE, TN 37212	CITY-ST-ZIP	Nashville, TN 37212
TITLE	CFO ☒ Delete	TITLE	DIR ☐ Change ☒ Addition
NAME	HEAVRIN, JEFF	NAME	Frieder Samuel
STREET ADDRESS	2401 21ST AVE. S. # 200	STREET ADDRESS	2401 21st Ave. S #200
CITY-ST-ZIP	NASHVILLE, TN 37212	CITY-ST-ZIP	Nashville, TN 37212
TITLE	☐ Delete	TITLE	DIR ☐ Change ☒ Addition
NAME		NAME	Halpern, Paul
STREET ADDRESS		STREET ADDRESS	2401 21st Ave. S. #200
CITY-ST-ZIP		CITY-ST-ZIP	Nashville, TN 37212

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: _____ 4-23-08 615-297-4255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #