


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90006 048 \*\*\*150.00

<b>DOCUMENT # P01000110920</b> 1. Entity Name CENTRAL FLORIDA PRODUCTIONS INC.	
--	---

Principal Place of Business 10555 CR 535 ORLANDO, FL 32836	Mailing Address 10555 CR 535 ORLANDO, FL 32836
--	--

**DO NOT WRITE IN THIS SPACE**



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3757147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LEIGHTON, RUSSELL  
848 NAVAL ORANGE DR.  
ORANGE CITY, FL 32763

**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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SHORTER, GARRY 10555 CR 535 ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:  7-9-04 407-477-8664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment  
Photography

407-477-8664

www.cfpphoto.com

44048103  
#PO.600.11092e

To Whom It May Concern:

This is my second filing of my annual corporation report. This is the reason that I am using forms printed off the web, and not the original forms sent to me. The original forms and payment of \$150.00 was sent in on April 16, 2004. The payment was made with check #1229 in the amount of \$150.00. I did not realize that there was a problem until I received the Intent to Dissolve notice. I am sending in a new Annual Report and payment, check #1274 in the amount of \$150.00. Due to the fact that the fee was originally sent in on time, please accept the normal filing fee of \$150.00. Please contact me if you have any questions. Your help in this matter is greatly appreciated. I was informed by Lee at your office that a refund would be issued if the original check showed up at a later date. I have no intention of doing a stop payment on the original check at this time.

P.S. The original check #1229 will remain open, so please contact me or issue a refund if the original payment is received at a later date.

Thank you,

Garry J. Shorter

A handwritten signature in black ink, appearing to read 'G. J. Shorter', written over a horizontal line.

Central Florida Productions