

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/17/2005-90027-039-\$150.00-\$150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 17 AM 10:03

DOCUMENT # P04000108828		
1. Entity Name CENTRAL VACUUM DESIGN, INC.		

Principal Place of Business 7612 LAKE MARSHA DRIVE ORLANDO FL 32819	Mailing Address 7612 LAKE MARSHA DRIVE ORLANDO FL 32819
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



20012062

4. FEI Number 20-1420993	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KRUEGER, SCOTT D 2750 NW 43RD STREET SUITE 201 GAINESVILLE FL 32606	
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7. Name and Address of New Registered Agent	
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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARVEY, LESLIE 7612 LAKE MARSHA DRIVE ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President Laura Teal 199 South Bear Pointe Drive Lake Placid FL 33852	☐ 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)(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:	<i>[Signature]</i>	<i>[Signature]</i>	2-12-05	407-298 5370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #

[Handwritten signature]

3-14-05

407. 298. 5370