

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90202 001 ***150.00
04-26-2005 90202 002 *****8.75



DOCUMENT # P04000161557

1. Entity Name

CENTRAL FLORIDA ELECTRIC & LIGHTING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
205 E Cherokee Ave

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bushnell, Florida

City & State

4. FEI Number
201932566

Applied For
 Not Applicable

Zip
33513

Country
United States

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **SPIEGEL & UTRERA, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

1840 Southwest 22 Street, 4th Floor

City **Miami**

FL

Zip Code
33145

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	TITLE	NAME
	Darryl A. Vickers		
STREET ADDRESS	205 E Cherokee Ave	STREET ADDRESS	
CITY-ST-ZIP	Bushnell, Florida 33513	CITY-ST-ZIP	
	Kevin M. Vickers		
STREET ADDRESS	205 E Cherokee Ave	STREET ADDRESS	
CITY-ST-ZIP	Bushnell, Florida 33513	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 on an attachment with an address, with all other like empowered.

SIGNATURE: Darryl A. Vickers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 (352) 303-3202
Date Daytime Phone #