2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 562990 1. Entity Name CENTRAL FLORIDA REPORTERS, INC.



FILED Mar 16, 2007 08:00 AN Secretary of State

Principal Place of Business

105 E. ROBINSON ST. SUITE 503 ORLANDO, FL 32801 Mailing Address

105 E. ROBINSON ST. SUITE 503 ORLANDO, FL 32801



DO NOT WRITE IN THIS SPACE

03122007	NO Chg-P	CR2E034 (11/03)		
4. FEI Number 59-1803321			Applied For	
			Not Applicable	

6. Name and Address of Current Registered Agent

ENGLAND, SUSAN 105 E ROBINSON STREET_ SUITE 503 ____ ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

SUITE 503 ORLANDO, FL 32801			IN THIS SPACE			
	named entity submits this statement for the p tions of registered agent.	purpose of changing its register	ed office or t	egistered agent, or both	h, in the State of Florida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	ii applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10. IIILE NAME STREET ADDRESS CITY-SI-ZIP	P ENGLAND, SUSAN E. 105 E. ROBINSON ST. 503 ORLANDO, FL. 32801	CTORS				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				000000668314 03/27/07 -800 49-0	23 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental effort is true and appurate 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 life empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Date

Daytime Phone #