

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 596700

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: CENTRAL FLORIDA LANDCLEARING, INC.

## Current Principal Place of Business:

2043 NOTWEN LN.  
OVIEDO, FL 32765 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 620964  
OVIEDO, FL 327620964 US

## New Mailing Address:

FEI Number: 59-1897684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWTON, JOSEPH  
2043 NOTWEN LN.  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NEWTON, JOSEPH  
Address: 2043 NOTWEN LN.  
City-St-Zip: OVIEDO, FL 32765 US

Title: TS ( ) Delete  
Name: NEWTON, LINDA,  
Address: 2043 NOTWEN ROAD  
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Delete  
Name: NEWTON JR, JOE  
Address: 122 W 6TH ST.  
City-St-Zip: CHULUOTA, FL 32766

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition  
Name: NEWTON, JOSEPH  
Address: 2043 NOTWEN LN.  
City-St-Zip: OVIEDO, FL 32765 US

Title: VP/T (X) Change ( ) Addition  
Name: NEWTON, LINDA,  
Address: 2043 NOTWEN ROAD  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH NEWTON

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date