## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 609813** 

Name:

Address: City-St-Zip: MAGLIARO, JOSEPH

ORLANDO, FL 32835

7861 ST ANDREWS CIR

FILED Jan 30, 2008 Secretary of State

**Entity Name: CENTRAL FLORIDA BOX CORPORATION Current Principal Place of Business: New Principal Place of Business:** 2950 LAKE EMMA ROAD **SUITE 1000** LAKE MARY, FL 32746 **New Mailing Address: Current Mailing Address:** 2950 LAKE EMMA ROAD SUITE 1000 LAKE MARY, FL 32746 FEI Number: 59-1887833 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMSEY, THOMAS A RAMSEY, THOMAS A 742 LAKE HIAWASSEE DR 735 LAKÉ HIAWASSEE DR ORLANDO, FL 32811 ORLANDO, FL 32811 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: 01/30/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete Title: () Change () Addition RAMSEY, THOMAS Name: Name: 742 LAKE HIAWASSE DR Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: **PRES** Title: () Delete **PRES** (X) Change ( ) Addition RAMSEY, JEFFREY Name: Name: RAMSEY, JEFFREY 745 LAKE HIAWASSEE DRIVE 5101 LINWOOD CIRCLE Address: Address: ORLANDO, FL SANFORD, FL 32771 City-St-Zip: City-St-Zip: Title: VPMK Title: ( ) Delete () Change () Addition RAMSEY, ANGELA Name: Name: 7221 BAY CLUB WAY Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition HOSKINS, ALISA Name: Name: Address: 1043 COASTAL CIRCLE Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: VPOP ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEFFREY T. RAMSEY **PRES** 01/30/2008