2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 609813

Entity Name: CENTRAL FLORIDA BOX CORPORATION

FILED Mar 24, 2009 Secretary of State

	mer obritio	ETECKIBA BOX COM CIVA				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
SUITE 100)				
LAKE MAF	RY, FL 32746					
Current N	lailing Addres	ss:	New Mailing Address:			
SUITE 100	E EMMA ROAD 00 RY, FL 32746)				
FEI Number	: 59-1887833	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Des	ired ()
Name and	l Address of C	Current Registered Agent:	Name and Address of New Registered Agent:			
742 LAKE	THOMAS A HIAWASSEE I D, FL 32811	DR US				
	e named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registered o	office or registered ager	nt, or both,
SIGNATUI	RF.					
0.0.0.		nic Signature of Registered Ag	ent		Date	
Election Car		g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	CEO () RAMSEY, THO 742 LAKE HIAV ORLANDO, FL	VASSE DR	Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	PRES () RAMSEY, JEFF 5101 LINWOOI SANFORD, FL	O CIRCLE	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VPMK () RAMSEY, ANG 7221 BAY CLU ORLANDO, FL	B WAY	Title: Name: Address: City-St-Zip:	VPPR (X RAMSEY, ANG 7221 BAY CLU ORLANDO, FL	JB WAY	
Title: Name: Address: City-St-Zip:	VP () HOSKINS, ALIS 1043 COASTAL OCOEE, FL 34	CIRCLE	Title: Name: Address: City-St-Zip:	() Change ()Addition	
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 03/24/2009

MAGLIARO, JOSEPH

ORLANDO, FL 32835

7861 ST ANDREWS CIR

Name:

Address:

City-St-Zip: