2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 671147

1. Entity Name
CENTRAL FLORIDA FOOD MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1181 WILLA VISTA TAIL C/O LAWRENCE E. PROULX MAITLAND, FL 32751	1181 WILLA VISTA TAIL C/O LAWRENCE E. PROULX MAITLAND, FL 32751

01122006 No Chg P CR2E034 (11/05)

4. FEI Number
59-1999884

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PROULX, LAWRENCE E.
1181 WILLA VISTA TRAIL
MAITLAND, FL 32751

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 _____ DATE
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PROULX, LAWRENCE E.
STREET ADDRESS	1181 WILLA VISTA TR.
CITY-ST-ZIP	MAITLAND, FL
TITLE	DS
NAME	PROULX, MARY
STREET ADDRESS	1181 WILLA VISTA TR.
CITY-ST-ZIP	MAITLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000387735
01/19/06-80050-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

386-736-1303

SIGNATURE: MARY Proulx Mary Proulx Secretary 1-13-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #