

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 719715

1. Entity Name
**CENTRAL FLORIDA LABORERS REALTY
CORPORATION, INC.**



Principal Place of Business

**580 IRENE ST
ORLANDO, FL 32805**

Mailing Address

**580 IRENE ST
ORLANDO, FL 32805**



04212004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0799841

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALAMIDA, FRANK C
580 IRENE ST
ORLANDO, FL 32805**

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | O'DONNELL, L. JOE |
| STREET ADDRESS | 580 IRENE ST. |
| CITY- ST- ZIP | ORLANDO, FL |
| TITLE | D |
| NAME | SALAMIDA, FRANK C |
| STREET ADDRESS | 580 IRENE ST. |
| CITY- ST- ZIP | ORLANDO, FL |
| TITLE | D |
| NAME | O'DONNELL, WILLIAM A |
| STREET ADDRESS | 580 IRENE ST |
| CITY- ST- ZIP | ORLANDO, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

000000137098
04/29/04-80026-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #