

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90040 035 ****61.25

DOCUMENT # 724740

1. Entity Name

CPL LARRY E. SMEDLEY DETACHMENT, INC.



Principal Place of Business

10312 CAILE DE FLORES
CLERMONT FL 34711
US

Mailing Address

10312 CAILE DE FLORES
CLERMONT FL 34711
US

2. Principal Place of



Nat Naccarato
4269 Centergate Ln. Apt. 102
Orlando, FL 32814

Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

State

Zip

Country

Zip

Country

4. FEI Number

59-2939437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHER, WILLIS J
10312 CALLE DE FLORES DR
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

Street

City

Nat Naccarato
4269 Centergate Ln. Apt. 102
Orlando, FL 32814

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RENZULLI, PELLEGRINO 2719 LOGANDALE DR ORLANDO FL 32817	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLENNIKEN, WILLIAM R 1355 SANTA CRUZ ZVE TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOPOLESKI, ED 1202 WINTER SPRINGS BLVD. WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAHER, WILLIE J 10312 CALLE DE FLORES DR CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOBLE, STEVEN W 2347-D SOUTH BUMBY AVE ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RUSS KAUFFMAN 7450 HOLDAI ST. ORLANDO, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT NAT NACCARATO 4269 CENTEGATE LANE APT 102 ORLANDO, FL 32814	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D-PEGGY EBY 5234 N. INDIAN AVE WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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

2-4-06 (407)893-5753