


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90546 009 \*\*\*\*70.00

<b>DOCUMENT # 748129</b> 1. Entity Name <b>CENTRAL FLORIDA HISTORICAL RAILROAD MODELERS, INC.</b>					
Principal Place of Business <b>2500 SILVER STAR ROAD SUITE 1700 ORLANDO, FL 32804-3314 US</b>			Mailing Address <b>2500 SILVER STAR ROAD SUITE 1700 ORLANDO, FL 32804-3314 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102005 Chg-NP CR2E037 (10/03) 4. FEI Number <b>59-2246286</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HALBERG, WALTER 203 BAUER DRIVE CASSELBERRY, FL 32707</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUDD, GEORGE</b>		NAME	<b>HENCH, ERIC</b>	
STREET ADDRESS	<b>580 ROYAL OAK DR NORTH</b>		STREET ADDRESS	<b>1082 CONDOR PLACE</b>	
CITY-ST-ZIP	<b>WINTER GARDEN, FL 34787</b>		CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRIVEAU, BRIAN</b>		NAME	<b>COLVIN, GLENN</b>	
STREET ADDRESS	<b>709 LARGOVISTA DR</b>		STREET ADDRESS	<b>12435 LAKE VALLEY DRNE</b>	
CITY-ST-ZIP	<b>WINTER GARDEN, FL 34787</b>		CITY-ST-ZIP	<b>CLERMONT, FL 34711</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HENCH, ERIC</b>		NAME		
STREET ADDRESS	<b>1082 CONDOR PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HALBERG, WALTER</b>		NAME		
STREET ADDRESS	<b>203 BAUER DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CASSELBERRY, FL 32707</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: <u>Walter Halberg</u> WALTER HALBERG APRIL 9, 2005 407-831-5098</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					