

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F15442**

1. Entity Name  
**CENTRAL FLORIDA REALTY INVESTMENTS, INC.**



Principal Place of Business  
**% WILLIAM CLARK  
1440 E. MINNESOTA AVENUE  
ORANGE CITY, FL 32763**

Mailing Address  
**% WILLIAM CLARK  
1440 E. MINNESOTA AVENUE  
ORANGE CITY, FL 32763**



01292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2088196</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CLARK, WILLIAM  
1440 E. MINNESOTA AVENUE  
ORANGE CITY, FL 32763**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CLARK, WILLIAM 1440 E. MINNESOTA AVE ORANGE CITY, FL 0.
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IN THIS SPACE**

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02/02/05-80111-017 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 607, 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:** Bill Clark - Bill Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05 386 775 3996  
Date Daytime Phone #