


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90013 018 \*\*\*150.00

<b>DOCUMENT # G32443</b> 1. Entity Name CENTRAL FLORIDA MARINE, INC.	
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Principal Place of Business % JAMES M. SPOONHOUR 215 NO. EOLA DR. ORLANDO, FL 32801-2028	Mailing Address % JAMES M. SPOONHOUR 215 NO. EOLA DR. ORLANDO, FL 32801-2028
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01102006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2307953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SPOONHOUR, JAMES M. 215 NO. EOLA DR. ORLANDO, FL 32802	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYERS, MARC 1021 N ORLANDO AVE MAITLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OYLER, THOMAS L. 1021 N ORLANDO AVE MAITLAND, FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Meyer Pres. 1-16-06 407 647 6262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**LOWNDES  
DROSDICK  
DOSTER  
KANTOR &  
REED, P.A.**

Attorneys at Law

**ATTACHMENT**

**#G32443**  
215 NORTH EOLA DRIVE  
ORLANDO, FLORIDA 32801

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**GAIL S. ANDRÉ**  
PARALEGAL, CORPORATE DEPARTMENT  
North Eola Drive Office  
Direct Dial: (407) 418-6203  
E-mail: gail.andre@lowndes-law.com

January 31, 2006

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

7005 1820 0003 0102 1169

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**Re: 2006 For Profit Corporation Annual Report  
Central Florida Marine, Inc.**

Dear Sir/Madam:

Enclosed herewith for filing please find an executed 2006 For Profit Corporation Annual Report for Central Florida Marine, Inc., together with our client's check number 8439 payable to the Florida Department of State in the amount of \$150.00 representing the filing fee.

Thank you for your assistance in this matter.

Very truly yours,



Gail S. André  
Corporate Paralegal to  
James M. Spoonhour

GSA/cj  
Enclosures  
0011130/026222/722603/2