

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G43615

FILED
Jan 31, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA SURVEYS, INC.

Current Principal Place of Business:

379 W MICHIGAN ST
SUITE 208
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

379 W MICHIGAN ST
SUITE 208
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-2305026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIVERNOISE, GERALD F.
379 W MICHIGAN ST STE 208
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: CONKLIN, BRISTOL C.,
Address: 1201 WASHINGTON DRIVE
City-St-Zip: SANFORD, FL

Title: DV () Delete
Name: PORTER, PAUL E.,
Address: 1150 MOTORCOACH DRIVE
City-St-Zip: POLK CITY, FL 33868

Title: DVT () Delete
Name: HOLMES, WILLIAM R.,
Address: 543 CORNWALL ROAD
City-St-Zip: WINTER PARK, FL

Title: DP () Delete
Name: LIVERNOISE, GERALD F.,
Address: 2920 HOFFNER ROAD
City-St-Zip: ORLANDO, FL 00000,

Title: DVS () Delete
Name: TUCKER, ARTHUR W
Address: 8080 ILLINOIS AVE
City-St-Zip: GROVELAND, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV () Change (X) Addition
Name: MONACO, ROBERT W.,
Address: 6412 QUEENS BOROUGH AVE. # 304
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD F. LIVERNOISE

DV

01/31/2007

Electronic Signature of Signing Officer or Director

_____ Date