

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90684 001 ***300.00

DOCUMENT # H48438
 1. Entity Name
CENTRAL FLORIDA EXPORT OF ORLANDO, INC.



Principal Place of Business: **1800 N. ORANGE BLOSSOM TR. P.O. BOX 7627A ORLANDO, FL 32804-5605**
 Mailing Address: **PO BOX 540627 P.O. BOX 7627A ORLANDO, FL 32804-5605 US**

66412765



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

02032004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
SUTTON, ROBERT E. 1800 N. ORANGE BLOSSOM TR. ORLANDO, FL 32804

7. Name and Address of New Registered Agent
 Name: **R. MICHAEL O'BRIEN**
 Street Address (P.O. Box Number is Not Acceptable): **1800 N ORANGE Blossom TR**
 City: **ORLANDO** FL Zip Code: **32804**

4. FEI Number: **59-2647258**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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: *R. Michael O'Brien* **R. Michael O'Brien** **4/13/04**
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, 2004 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	<input type="checkbox"/> Delete
P	SUTTON, ROBERT E.	1800 N. ORANGE BLOSSOM TR.	ORLANDO, FL	<input type="checkbox"/>
D	SUTTON, ROBERT E JR.	1800 N ORANGE BLOSSOM TR	ORLANDO, FL 32804	<input type="checkbox"/>
S	O'BRIEN, R MICHAEL	1800 N ORANGE BLOSSOM TR	ORLANDO, FL 32804	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	ROBERT E SUTTON	1800 N ORANGE Blossom TR	ORLANDO, FL 32804	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P D	ROBERT E SUTTON, JR	1800 N ORANGE Blossom TR	ORLANDO, FL 32804	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: *R. Michael O'Brien* **R. Michael O'Brien** **4/13/04** **407-425-3170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #