


2004 FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90001 037 ***150.00

DOCUMENT # H52786
 1. Entity Name
 CENTRAL FLORIDA BONDING, INC.



Principal Place of Business 2911 W. 39TH ST. ORLANDO, FL 32839 US	Mailing Address 2911 W. 39TH ST. ORLANDO, FL 32839 US
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44046314



DO NOT WRITE IN THIS SPACE

05052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2569783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, GEORGE L
 2911 W 39TH ST ST 300 5
 ORLANDO, FL 32839

DO NOT WRITE IN THIS SPACE

B. 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 *George L Cox* *Pres + Reg Agent* *4/30/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	P COX, GEORGE L 2911 W 39TH ST ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <u><i>ST.</i></u> KHOURI, HODI 2911 W 39TH ST ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. GRACIA, DELORIS 2911 W 39TH ST ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *George L Cox* *4/30/04* *407-844-3646*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #