

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # H83720

1. Entity Name
MOVIE STORIES OF CENTRAL FLORIDA, INC.



Principal Place of Business
34478 CORTEZ BLVD
RIDGE MANOR, FL 33525

Mailing Address
34478 CORTEZ BLVD
RIDGE MANOR, FL 33525



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2612510

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAKOWSKI, BETTY
34478 CORTEZ BLVD
RIDGE MANOR, FL 33525

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000067060
02/26/04-30041-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MAKOWSKI, BETTY
34478 CORTEZ BLVD
RIDGE MANOR, FL 33523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Betty B. Makowski* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 2-17-04

352-583-3203
Date Daytime Phone #