## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J09470

Entity Name: SPECIALTY VEHICLES OF CENTRAL FLORIDA, INC.

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4685 OLD WINTER GARDEN ROAD ORLANDO, FL 32811 US

Current Mailing Address: New Mailing Address:

4685 OLD WINTER GARDEN ROAD 20354 US HWY 27

ORLANDO, FL 32811 US CLERMONT, FL 34715 US

FEI Number: 59-2666952 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAN WINKLE, PHILIP

5454 PALM LAKE CIRCLE

CONNOR, JEFFREY T

28036 PRICE ROAD

OKAHIMMEKA EL 34762 L

ORLANDO, FL 32819 US OKAHUMPKA, FL 34762 US

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: JEFFREY T CONNOR 03/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CONNOR, JEFF
Name: CONNOR, JEFFREY T

 Name:
 CONNOR, JEFF
 Name:
 CONNOR, JEFFREY T

 Address:
 28036 PRICE RD
 Address:
 28036 PRICE RD

 City-St-Zip:
 OKAHUMPKA, FL 34762
 City-St-Zip:
 OKAHUMPKA, FL 34762

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 CONNOR, PATRICIA
 Name:
 CONNOR, PATRICIA E

 Address:
 28036 PRICE RD
 Address:
 28036 PRICE RD

 City-St-Zip:
 OKAHUMPKA, FL 34762
 City-St-Zip:
 OKAHUMPKA, FL 34762

Title: SD () Delete Title: SD (X) Change () Addition

Name:VANWINKLE, PHILIPName:VAN WINKLE, PHILIP RAddress:5454 PALM LAKE CIRCLEAddress:5454 PALM LAKE CIRCLECity-St-Zip:ORLANDO, FL 32819City-St-Zip:ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY T CONNOR PD 03/27/2009