

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90064 004 ***150.00

20013331



02072005 Chg-P CR2E034 (10/03)

| | | | | | |
|---|---|--|--|------------------------------------|--|
| DOCUMENT # J41250 1. Entity Name MIRACLE OF CENTRAL FLORIDA, INC. | | | | | |
| Principal Place of Business P.O. BOX 9602 4099 LAKE ALFRED RD. WINTER HAVEN, FL 33883 | | | Mailing Address P.O. BOX 9602 4099 LAKE ALFRED RD. WINTER HAVEN, FL 33883 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-2735504 | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| MACALUSO, JOHN, T 4099 LAKE ALFRED ROAD WINTER HAVEN, FL 33881 | | | Name DENNIS L. MURPHY Street Address (P.O. Box Number is Not Acceptable) 4727 U.S. HWY 19 NEW PORT RICHEY, FL 34652 City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVT MACALUSO, JOHN, T 4099 LAKE ALFRED ROAD WINTER HAVEN, FL 33881 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CANTRELL, SHEILA 1203 THOMPSON CIRCLE NW WINTER HAVEN, FL 33881 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RILEY, ROBERT E 423 QUAIL HOLLOW RD. AUBURNDAL, FL 33823 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST DENNIS L. MURPHY 4727 U.S. HWY119 NEW PORT RICHEY, FL 34652 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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, without other fee empowered. | | | | | |
| SIGNATURE: 2/8/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |



ATTACHMENT
2601351
Division of Corporations

2005 Annual Report

**Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual
report form.**

| | |
|---|----------------------------------|
| This information cannot be changed on the report. | |
| Document Number | J41250 |
| Business Entity Name | MIRACLE OF CENTRAL FLORIDA, INC. |
| Original File Date | 11/06/1986 |

FEI Number 59-2735504

Principal Address P.O. BOX 9602
4099 LAKE ALFRED RD.
WINTER HAVEN, FL 33883

Mailing Address P.O. BOX 9602
4099 LAKE ALFRED RD.
WINTER HAVEN, FL 33883

Registered Agent MACALUSO, JOHN, T
4099 LAKE ALFRED ROAD
WINTER HAVEN, FL 33881 US

Officer/Director Name And Address

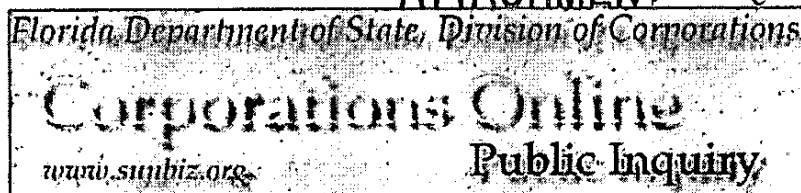
PVT
MACALUSO, JOHN, T
4099 LAKE ALFRED ROAD
WINTER HAVEN, FL 33881

S
SHEILA CANTRELL
1203 THOMPSON CIRCLE NW
WINTER HAVEN, FL 33881

VP
ROBERT E RILEY
423 QUAIL HOLLOW RD.
AUBURNDAL, FL 33823

If all of the above information is correct If you need to make changes to

ATTACHMENT 20013817



Florida Profit

MIRACLE OF CENTRAL FLORIDA, INC.

PRINCIPAL ADDRESS

P.O. BOX 9602
4099 LAKE ALFRED RD.
WINTER HAVEN FL 33883
Changed 01/24/1992

MAILING ADDRESS

P.O. BOX 9602
4099 LAKE ALFRED RD.
WINTER HAVEN FL 33883
Changed 01/24/1992

Document Number
J41250

FEI Number
592735504

Date Filed
11/06/1986

State
FL

Status
ACTIVE

Effective Date
NONE

Last Event
NAME CHANGE
AMENDMENT

Event Date Filed
08/27/2004

Event Effective Date
NONE

Registered Agent

| Name & Address |
|---|
| MACALUSO, JOHN, T 4099 LAKE ALFRED ROAD WINTER HAVEN FL 33881 |
| Name Changed: 10/04/1991 |
| Address Changed: 01/25/2002 |

Officer/Director Detail

| Name & Address | Title |
|--|-------|
| MACALUSO, JOHN, T 4099 LAKE ALFRED ROAD | PVT |

ATTACHMENT**20013397**

| | |
|---|----|
| WINTER HAVEN FL 33881 | |
| CANTRELL, SHEILA 1203 THOMPSON CIRCLE NW | S |
| WINTER HAVEN FL 33881 | |
| RILEY, ROBERT E 423 QUAIL HOLLOW RD. | VP |
| AUBURNDALE FL 33823 | |

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2002 | 01/25/2002 |
| 2003 | 02/03/2003 |
| 2004 | 04/08/2004 |

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[01/08/2001 -- ANN REP/UNIFORM BUS REP](#)
[01/29/2000 -- ANN REP/UNIFORM BUS REP](#)
[02/26/1999 -- ANNUAL REPORT](#)
[02/11/1998 -- ANNUAL REPORT](#)
[01/16/1997 -- ANNUAL REPORT](#)
[01/22/1996 -- 1996 ANNUAL REPORT](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

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