

2005 FOR PROFIT CORPORATION ANNUAL REPORT


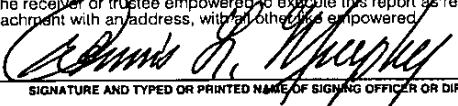
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Feb 21, 2005 8:00 am
Secretary of State

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 MACALUSO, JOHN, T 4099 LAKE ALFRED ROAD WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent 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 _____			
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	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	S CANTRELL, SHEILA 1203 THOMPSON CIRCLE NW WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RILEY, ROBERT E 423 QUAIL HOLLOW RD. AUBURNDALE, FL 33823 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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, with authority empowered.			
SIGNATURE: 		Date: 2/21/05	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



ATTACHMENT
26013597
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

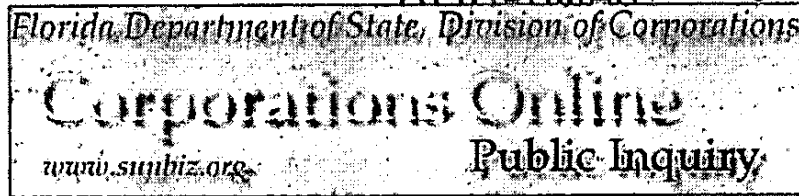
PVT
MACALUSO, JOHN, T
4099 LAKE ALFRED ROAD
WINTER HAVEN, FL 33881

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

VP
ROBERT E RILEY
423 QUAIL HOLLOW RD.
AUBURNDALE, 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

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20013397

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

Annual Reports

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

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Document Images

Listed below are the images available for this filing.

- [08/27/2004 -- Name Change](#)
- [04/08/2004 -- ANN REP/UNIFORM BUS REP](#)
- [02/03/2003 -- COR - ANN REP/UNIFORM BUS REP](#)
- [01/25/2002 -- ANN REP/UNIFORM BUS REP](#)
- [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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