


FILED

Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # K36198

1. Entity Name
CENTRAL FLORIDA FORKLIFT, INC.



Principal Place of Business	Mailing Address
1280 INDUSTRIAL PARK RD. MULBERRY, FL 33860	PO BOX 677 MULBERRY, FL 33860-0677

DO NOT WRITE IN THIS SPACE



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2909119	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
FINLEY, P. BRUCE 1280 INDUSTRIAL PARK RD. MULBERRY, FL 33860

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FINLEY, P. BRUCE 845 GIANT OAK ROAD LAKELAND, FL 338102897
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FINLEY, LINDA LEE 845 GIANT OAK ROAD LAKELAND, FL 338102897
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U2/22/05-80014-016 150.00

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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)(f), 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: [Signature] _____ Date: _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR