


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
APR 05 2006 08:00 AM
Secretary of State
JAN 30 2006

DOCUMENT # K36198
 1. Entity Name
CENTRAL FLORIDA FORKLIFT, INC.

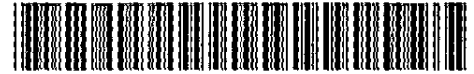


Principal Place of Business Mailing Address
1280 INDUSTRIAL PARK RD. **PO BOX 677**
MULBERRY FL 33860 **MULBERRY FL 33860-0677**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/05)
 4. FEI Number Applied For
59-2909119 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
FINLEY, P. BRUCE
1280 INDUSTRIAL PARK RD.
MULBERRY FL 33860

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 re-issuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS


TITLE	PD	<input type="checkbox"/> Delete
NAME	FINLEY, P. BRUCE	
STREET ADDRESS	845 GIANT OAK ROAD	
CITY-ST-ZIP	LAKELAND FL 33810-2897	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FINLEY, LINDA LEE	
STREET ADDRESS	845 GIANT OAK ROAD	
CITY-ST-ZIP	LAKELAND FL 33810-2897	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000492412
 04/18/06-80064-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #