


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K83523</b> 1. Entity Name EGAL OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 690 ENTERPRISE RD. OSTEEN, FL 32764	Mailing Address P.O. BOX 4014 ENTERPRISE, FL 32725
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**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2947098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BURNS, ROBERT W.  
1900 E. ROBINSON AVE.  
ORLANDO, FL 32803

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURNS, ROBERT W. 690 ENTERPRISE RD. OSTEEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BURNS, LAURA K. 690 ENTERPRISE RD. OSTEEN, FL
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02/25/05-80014-005 150.00

**DO NOT WRITE 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 reports 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 or without power.

**SIGNATURE:**  **2/23/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #