2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N02000007731

Entity Name: CENTRAL FLORIDA SOAP BOX DERBY, INC.

Current Principal Place of Business:

686 BRECKENRIDGE DR.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

686 BRECKENRIDGE DR.
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 82-0568284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAGNE, PETER
686 BRECKENRIDGE DR.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: BREWER, EDNA
Address: 1013 W 2ND STREET
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Delete
Name: GAGNE, PETER
Address: 686 BRECKENBRIDGE DR.
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: CADIZ, JOSE
Address: 2987 SIR HAMILTON CR.
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: LINDSEY, TERRY
Address: 2212 VENETIAN WAY
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: BREWER, SAM
Address: 1013 W. 2MD STREET
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: BOMM, JOHN
Address: 6441 SWALLOW HILL DR
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TORRES, VICTOR
Address: 1018 DRIFT CREEK COVE
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WALKER, FRED
Address: 613 GROVEWOOD DRIVE
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER GAGNE TD 04/16/2009

Electronic Signature of Signing Officer or Director — Date