

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90570 048 ****61.25

DOCUMENT # N02000008478

1. Entity Name
**CENTRAL FLORIDA TECHNOLOGY PROFESSIONALS,
INC.**



Principal Place of Business
**1800 BUSINESS PARK BLVD
DAYTONA BCH, FL 32114**

Mailing Address
**PO BOX 9235
DAYTONA BCH, FL 32120**

24055403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

82-0571936

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKINNEY, CAROLL
1836 S CENTRAL AVE
FLAGLER BCH, FL 32136**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MCKINNEY, CAROLL
STREET ADDRESS 1836 S CENTRAL AVE
CITY-ST-ZIP FLAGLER BCH, FL 32136

TITLE PD ☒ Change ☐ Addition
NAME MCKINNEY, CAROLL
STREET ADDRESS 1836 S Central Ave
CITY-ST-ZIP Flagler Beach, FL 32136

TITLE VD ☐ Delete
NAME ASIF, MOHMOOD
STREET ADDRESS PO BOX 10041
CITY-ST-ZIP DAYTONA BEACH, FL 32120

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME HUSSAIN, AMEEN
STREET ADDRESS 275 GALLA CIR
CITY-ST-ZIP DAYTONA BCH, FL 32134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DAVENPORT, SHARON
STREET ADDRESS 1703 MAGNOLIA AVE #C14
CITY-ST-ZIP S DAYTONA, FL 32119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME RIGO, TRACY
STREET ADDRESS 483 HAVERSHAM RD
CITY-ST-ZIP DELTONA, FL 32725

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME Michael Gilmore
STREET ADDRESS 36 Aspen St
CITY-ST-ZIP Daytona Beach FL 32124

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 617, 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: *Carroll Mckinney* **CAROLL MCKINNEY President**

4/21/04

386-439-1933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #