

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011657

FILED
Jun 30, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA TITANS, INC.

Current Principal Place of Business:

8114 MORITZ COURT
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

8114 MORITZ COURT
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 20-1992364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEIDEMILLER, TINA
8114 MORITZ COURT
ORLANDO, FL 32825 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: P () Delete
Name: LOPEZ, RICH
Address: 14736 ASTINA WAY
City-St-Zip: ORLANDO, FL 32837

Title: V () Delete
Name: TUCKER, RICK
Address: 1565 CYPRESS WOODS CIRCLE
City-St-Zip: ST. CLOUD, FL 34770

Title: S () Delete
Name: CAREY, SANDY
Address: 3806 GATLIN WOODS DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: T () Delete
Name: WEIDEMILLER, TINA
Address: 8114 MORITZ COURT
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TINA WEIDEMILLER

T

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date