

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000006534

1. Entity Name

CENTRAL FLORIDA ECOTOURS, INC.



Principal Place of Business

**2028 DANTE STREET
LAKELAND FL 33801**

Mailing Address

**2028 DANTE STREET
LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3438222

Applied For

Not Applicable

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

**STARK, DONNA M
2028 DANTE STREET
LAKELAND FL 33801**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

**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 STARK, DONNA M
STREET ADDRESS 2028 DANTE STREET
CITY - ST - ZIP LAKELAND FL 33801

☐ Change ☐ Addition
TITLE **NAME**
STREET ADDRESS 000000364798
CITY - ST - ZIP 05/09/05-80010-014 61.25

TITLE VD ☐ Delete
NAME HENRY, SUSAN
STREET ADDRESS 840 E. CHURCH ST.
CITY - ST - ZIP BARTOW FL 33830

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

TITLE SD ☐ Delete
NAME EMMONS, DEBORAH A
STREET ADDRESS 5545 SUMMERLAND HILLS DRIVE
CITY - ST - ZIP LAKELAND FL 33813

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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 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:

DONNA M. STARK
Donna M. Stark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-6-05 963-665-5283