


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005358 1. Entity Name CENTRAL FLORIDA BUILDING MAINTENANCE APPRENTICESHIP, INC.	
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Principal Place of Business 1202 W CENTRAL E & F ORLANDO, FL 32805	Mailing Address P.O. BOX 420492 KISSIMMEE, FL 34742
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3364773	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, DENNIS
955 E. STORY ROAD
WINTER GARDEN, FL 34787

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000183446 01/19/05-80066-022 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC WARD, DENNIS 5805 PITCH PINE DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS KERR, JOHN 3267 BREWSTER DR. KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PANOCCA, JR J 3245 THUNDER CLOUD DR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CICERO, LEN 14221 JABOT LN ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 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: John Kerr 1/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #