

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

112

DOCUMENT # N98000005146

1. Entity Name

CENTRAL FLORIDA PRESERVATION, INC.



FILED

04 MAY 12 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

Principal Place of Business  
1802 E. 9TH AVE.  
TAMPA FL 33605

Mailing Address  
1802 E. 9TH AVE.  
TAMPA FL 33605

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
59-3466865

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
THIRLWALL, JEFF  
1802 E. 9TH AVE.  
TAMPA FL 33605

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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

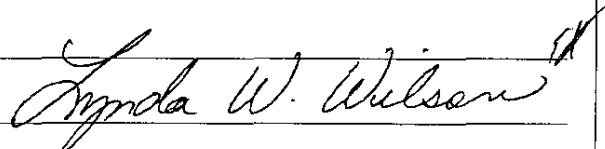
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JEFFREY, ROBERT P.O. BOX 2842 ST. PETERSBURG FL 33731	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MILLER, NANCY 6355 EAST CR 478 SOUTH CENTER HILL FL 33514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THIRLWALL, JEFF 1802 E. 9TH AVE. TAMPA FL 33605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

FLORIDA DEPT. OF STATE  
SUPPORT SERVICES  
CULTURAL, HISTORICAL  
AND GRANTS PROGRAMS  
2004 APR -7 A 9:02

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: *Jeffrey S. Thirlwall* Jeffrey S. Thirlwall 4/05/04 (813) 272-3843  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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STATE OF FLORIDA OLO 450000 DEPARTMENT DEPARTMENT OF STATE SITE DEPARTMENT OF STATE		VOUCHER SCHEDULE JT-2		DATE 05/03/2004		S-W/Agency Voucher No. <b>D40-0057-9726</b> <b>004863</b> <b>N</b>	
CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	25	TRANS CODE	45	
CFO ACCOUNT NAME							
INVOICE					INCREASE AMOUNT	INCREASE AMOUNT	
45101000132-4520070000-040000000		4990			61.25		
GENERAL REVENUE FUND							
EXPENSES							
INV: 5148	61.25						
45101000132-4530010000-00010000						61.25	
GENERAL REVENUE FUND							
FEES							
TRANSACTION TYPE: JOURNAL ADVICE			TOTAL		TOTAL		
			61.25		61.25		
I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.				For State Comptroller's Use Only			
APPROVED: 				Time In		Audited By	
TITLE DIRECTOR, DIVISION OF ADMINISTRATIVE SERVICES							

FILE