


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # P00000016478</b><br>1. Entity Name<br>CENTRAL FLORIDA DIESEL INJECTION, INC. |  |
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|   |   |
|---|---|
| Principal Place of Business<br>2530 DAWN HEIGHTS DRIVE<br>LAKE LAND, FL 33801 | Mailing Address<br>2530 DAWN HEIGHTS DRIVE<br>LAKE LAND, FL 33801 |
|---|---|



07042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |   |
|---|---|
| 4. FEI Number<br>59-3627275                               | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fees Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>LOVEJOY, THOMAS<br>1205 PAMELA SUE CIRCLE<br>PLANT CITY, FL 33567 |
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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 Thomas Lovejoy  
Signature, typed or printed name of registered agent and title if applicable.

U00000058972  
07/11/06-00000004 150.00  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LOVEJOY, THOMAS<br>1205 PAMELA SUE CIRCLE<br>PLANT CITY, FL 33567 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HARRIS, RANDALL V<br>3522 YALE CIRCLE<br>RIVERVIEW, FL 33569      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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 607, 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: Thomas Lovejoy 7-5-06 863.6685200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #