

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000016478

1. Entity Name
CENTRAL FLORIDA DIESEL INJECTION, INC.



Principal Place of Business
2530 DAWN HEIGHTS DRIVE
LAKELAND, FL 33801

Mailing Address
2530 DAWN HEIGHTS DRIVE
LAKELAND, FL 33801



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3627275

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOVEJOY, THOMAS
1205 PAMELA SUE CIRCLE
PLANT CITY, FL 33567

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-appointing)
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

03/19/08-80003-004-150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOVEJOY, THOMAS
STREET ADDRESS	1205 PAMELA SUE CIRCLE
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	HARRIS, RANDALL V
STREET ADDRESS	3522 YALE CIRCLE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-0F 863-668-5200
Date Daytime Phone #