

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000076229

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA SPEAKER REPAIR, INC.

**Current Principal Place of Business:**

4463 PARK BREEZE COURT  
ORLANDO, FL 32808

**New Principal Place of Business:**

4411 PARK BREEZE COURT  
ORLANDO, FL 32808

**Current Mailing Address:**

4463 PARK BREEZE COURT  
ORLANDO, FL 32808

**New Mailing Address:**

4411 PARK BREEZE COURT  
ORLANDO, FL 32808

**FEI Number:** 59-3666760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELLS, SYLVAN A  
618 N WILD OLIVE AVE  
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LYTLE, CHARLES A  
Address: 540 LAKE BINGHAM RD  
City-St-Zip: LAKE MARY, FL 32746

Title: S  
Name: LYTLE, BRENDA K  
Address: 540 LAKE BINGHAM ROAD  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES A. LYTLE

PD

02/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date