

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000083973

1. Entity Name
CENTRAL FLORIDA DEVELOPERS, INC.



Principal Place of Business
5300 SOUTH ORANGE AVENUE
ORLANDO, FL 32809

Mailing Address
5300 SOUTH ORANGE AVENUE
ORLANDO, FL 32809



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3672238

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRELL, ROBERT S
5300 SOUTH ORANGE AVENUE
ORLANDO, FL 32809

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRELL, ROBERT S
STREET ADDRESS	5300 S ORANGE AV
CITY, ST, ZIP	ORLANDO, FL 32809
TITLE	VP
NAME	JONES, YOLONDA
STREET ADDRESS	5300 S ORANGE AV
CITY, ST, ZIP	ORLANDO, FL 32809
TITLE	T
NAME	HARRELL, RUTH A
STREET ADDRESS	5300 S ORANGE AV
CITY, ST, ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

U000000205299
01/31/05-80039-014 150.00

**DO NOT WRITE
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05 407.859.2601