

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000083973

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA DEVELOPERS, INC.

**Current Principal Place of Business:**

5300 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

5300 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 59-3672238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRELL, ROBERT S  
5300 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 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: P  
Name: HARRELL, ROBERT S  
Address: 5300 S ORANGE AV  
City-St-Zip: ORLANDO, FL 32809

Title: VP  
Name: JONES, YOLONDA  
Address: 5300 S ORANGE AV  
City-St-Zip: ORLANDO, FL 32809

Title: T  
Name: HARRELL, RUTH A  
Address: 5300 S ORANGE AV  
City-St-Zip: ORLANDO, FL 32809

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:** ROBERT S HARRELL

P

01/11/2011

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

\_\_\_\_\_  
Date