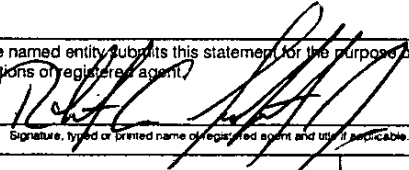
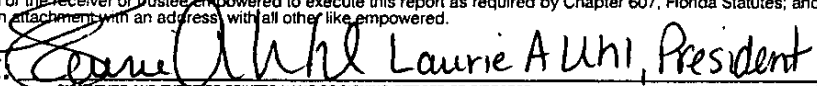


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90200 031 ***150.00

DOCUMENT # P00000091443 1. Entity Name THE PHOENIX GROUP OF CENTRAL FLORIDA, INC.					
Principal Place of Business 5439 KINGS MONT DR LAKELAND, FL 33813			Mailing Address PO BOX 90932 LAKELAND, FL 33804		
2. Principal Place of Business 6896 Lake Eaglebrooke Dr		3. Mailing Address P.O. Box 90932			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 59-3673305	
Zip 33813		Country Polk		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33804		Country Polk		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SANTONASTASO, ROBERT A JR. 5439 KINGS MONT DR LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Robert A. Santonastaso, Jr. Street Address (P.O. Box Number is Not Acceptable) 6896 Lake Eaglebrooke Dr. City Lakeland FL 33813		
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  Robert A Santonastaso, Jr. 4/27/05 (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTONASTASO, ROBERT A JR. 5439 KINGS MONT DR LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Santonastaso, Robert A JR. 6896 Lake Eaglebrooke Dr. Lakeland, FL 33813	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST UHL, LAURIE A 5439 KINGS MONT DR LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Uhl, Laurie A 6896 Lake Eaglebrooke Dr. Lakeland, FL 33813	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTONASTASO, ERIC A 5439 KINGS MONT DR LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Santonastaso, Eric A 6896 Lake Eaglebrooke Dr. Lakeland, FL 33813	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Laurie A Uhl, President 4/27/05 (863) 709-8298 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					