

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093456

FILED
Apr 26, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA GEOMATICS, INC.

Current Principal Place of Business:

719 WALTHAM AVE.
ORLANDO, FL 32809

New Principal Place of Business:

6528 SANDY OAKS LANE
ORLANDO, FL 32809

Current Mailing Address:

719 WALTHAM AVE.
ORLANDO, FL 32809

New Mailing Address:

PO BOX 592368
ORLANDO, FL 32859

FEI Number: 59-3676535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, RHEA MICHELE
719 WALTHAM AVENUE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

EDWARDS, RHEA MICHELE
1425 IDAHO AVENUE
ORLANDO, FL 32809 US

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: RHEA M. EDWARDS

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EDWARDS, ROBERT M
Address: 719 WALTHAM AVE.
City-St-Zip: ORLANDO, FL 32809

Title: S () Delete
Name: EDWARDS, ENID M
Address: 719 WALTHAM AVE.
City-St-Zip: ORLANDO, FL 32809

Title: T () Delete
Name: EDWARDS, RHEA M
Address: 719 WALTHAM AVE.
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EDWARDS, ROBERT M
Address: PO BOX 592368
City-St-Zip: ORLANDO, FL 32859

Title: S (X) Change () Addition
Name: EDWARDS, ENID M
Address: PO BOX 592368
City-St-Zip: ORLANDO, FL 32859

Title: T (X) Change () Addition
Name: EDWARDS, RHEA M
Address: PO BOX 592368
City-St-Zip: ORLANDO, FL 32859

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RHEA M. EDWARDS

T

04/26/2009

Electronic Signature of Signing Officer or Director

Date