

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90041 027 \*\*\*150.00

**DOCUMENT # P01000011232**

1. Entity Name  
**CENTRAL FLORIDA CARRIERS, INC.**



Principal Place of Business  
**11640 BOGGY CREEK ROAD  
ORLANDO, FL 32824**

Mailing Address  
**11640 BOGGY CREEK ROAD  
ORLANDO, FL 32824**

**44024674**



2. Principal Place of Business

**6379 HUNTSVILLE ST**  
Suite, Apt. #, etc.

3. Mailing Address

**6379 HUNTSVILLE ST**  
Suite, Apt. #, etc.

03302004 Chg-P CR2E034 (10/03)

City & State

**ORLANDO, FL.**

City & State

**ORLANDO FL**

4. FEI Number

**59-3697006**

Applied For

Not Applicable

Zip

**FL 32819**

Country

Zip

**32819**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**FONT, ALEXANDRA  
11640 BOGGY CREEK ROAD  
ORLANDO, FL 32824**

## 7. Name and Address of New Registered Agent

Name  
**TORRES, RICARDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**6379 HUNTSVILLE ST**  
City **ORLANDO** FL Zip Code **32819**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-2-04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **TORRES, RICARDO**  
STREET ADDRESS **11640 BOGGY CREEK ROAD**  
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **D** ☒ Delete  
NAME **FONT, ALEXANDRA**  
STREET ADDRESS **11640 BOGGY CREEK ROAD**  
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **TORRES, RICARDO**  
STREET ADDRESS **6379 HUNTSVILLE ST**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-21-04**

Date

Daytime Phone #