

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90298 001 ***300.00

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03152007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000093053 1. Entity Name CENTRAL FLORIDA SHIPPING, INC.			
Principal Place of Business 7200 LAKE ELLENOR DR 142 ORLANDO, FL 32809		Mailing Address 7200 LAKE ELLENOR DR 142 ORLANDO, FL 32809	
2. Principal Place of Business - No P.O. Box # 153 Parliament Loop Suite, Apt. #, etc. Suite 1001 City & State Lake Mary, FL Zip 32746 Country USA		3. Mailing Address 153 Parliament Loop Suite, Apt. #, etc. Suite 1001 City & State Lake Mary, FL Zip 32746 Country USA	
4. FEI Number 59-3746126		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOURMAN, CARY 7200 LAKE ELLENOR DRIVE SUITE 142 ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DT WILSON, S 7200 LAKE ELLENOR DRIVE, SUITE 142 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P WILSON, S 153 Parliament Loop Suite 1001 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FOURMAN, CARY R 7200 LAKE ELLENOR DRIVE, SUITE 142 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CEO FOURMAN, CARY 153 Parliament Loop, Suite 1001 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPRAGUE, ERIKA L 7200 LAKE ELLENOR DRIVE, SUITE 142 ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P SPRAGUE, ERIKA 153 Parliament Loop, Suite 1001 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		Scott Wilson	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3/17/07 Daytime Phone #: 407-585-0528	