## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000093053

**Current Principal Place of Business:** 

Entity Name: CENTRAL FLORIDA SHIPPING, INC.

153 PARLIAMENT LOOP **SUITE 1001** LAKE MARY, FL 32746

**New Mailing Address: Current Mailing Address:** 

153 PARLIAMENT LOOP SUITE 1001 LAKE MARY, FL 32746

FEI Number: 59-3746126 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FOURMAN, CARY FOURMAN, CARY 153 PARLIAMENT LOOP 7200 LAKE ELLENOR DRIVE SUITE 142 SUITE 1001 ORLANDO, FL 32809 US LAKE MARY, FL 32746 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: 01/08/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**New Principal Place of Business:** 

FILED Jan 08, 2008 Secretary of State

Title: ( ) Delete Title: () Change () Addition

WILSON, S Name: Name:

153 PARLIAMENT LOOP SUITE 1001 Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip:

Title: Title: () Delete () Change () Addition

Name: FOURMAN, CARY R Name: 153 PARLIAMENT LOOP, SUITE 1001 Address: Address: LAKE MARY, FL 32746 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change () Addition

SPRAGUE, ERIKA L Name: Name: 153 PARLIAMENT LOOP, SUITE 1001 Address: Address:

City-St-Zip: LAKE MARY, FL 32746 City-St-Zip:

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: SCOTT WILSON 01/08/2008 D