


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90219 012 \*\*\*150.00

<b>DOCUMENT # P01000110290</b> 1. Entity Name <b>CORE HOLDINGS OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>2491 COOPER DR TITUSVILLE, FL 32796</b>			Mailing Address <b>P.O. BOX 427 MIMS, FL 32754</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>30-0008129</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JONES, GARY 2941 COOPER DR TITUSVILLE, FL 32796</b>				7. Name and Address of New Registered Agent Name <b>JONES, GARY</b> Street Address (P.O. Box Number is Not Acceptable) <b>3133 LIONEL RD.</b> City <b>MIMS</b> <b>FL</b> Zip Code <b>32754</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>LANHAM, FRENCH</b> <b>145 PALM BLVD</b> <b>MERRITT ISLAND, FL 32952</b>		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LANHAM, FRENCH</b> <b>244 CHERI DOWN LN.</b> <b>CAPE CANAVERAL, FL 32920</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JONES, GARY</b> <b>2941 COOPER DR</b> <b>TITUSVILLE, FL 32796</b>		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JONES, GARY</b> <b>P.O. Box 427</b> <b>MIMS, FL 32754</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-25-06 321-302-1427</b> <small>Date Daytime Phone #</small>		