

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110290

FILED  
Sep 21, 2009  
Secretary of State

**Entity Name:** CORE HOLDINGS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2491 COOPER DR  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

350 MYRTICE AVENUE  
SUITE 202  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

P.O. BOX 427  
MIMS, FL 32754

**New Mailing Address:**

PO BOX 410771  
MELBOURNE, FL 32941

**FEI Number:** 30-0008129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, GARY  
3133 LIONEL RD  
MIMS, FL 32754 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LANHAM, FRENCH  
Address: 244 CHERI DOWN LN  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: JONES, GARY  
Address: POB 427  
City-St-Zip: MIMS, FL 32754

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: GARY JONES

D

09/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date