

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90015 009 ***150.00

DOCUMENT # P01000115303

1. Entity Name

CENTRAL PARKING LOT MAINTENANCE, INC.



Principal Place of Business

3324 S. LAKE BUTLER BLVD.
WINDERMERE FL 34786

Mailing Address

PO BOX 923
WINDERMERE FL 34786

2. Principal Place of Business

Tampa
Suite, Apt. #, etc.

3. Mailing Address

PO 923
Suite, Apt. #, etc.

City & State

Windermere FL

Zip

Country

34786

Country

USA

4. FEI Number

MOORE CR2E034 (4/04)
80-0058964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWATKOWSKI, DAVID J
3324 S LAKE BUTLER BLVD
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Eileen J Swatkowski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SWATKOWSKI, EILEEN J	
STREET ADDRESS	2234 S. LAKE BUTLER BLVD.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWATKOWSKI, DAVID J	
STREET ADDRESS	2234 S. LAKE BUTLER BLVD.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Eileen J Swatkowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EILEEN J SWATKOWSKI

8-1-04 40786-3194
Date Daytime Phone #

Attachment
Doc # P01000115303 8-1-04 54066742
TO: FLORIDA Dept of State

I never received a Uniform
Business Report for 2004

BUT on June 30 I received
a "Notice To Dissolve"
on June 31 - I returned the other
half of the form back to you.

Please note that our
FEI number has been changed
as of June 24, 2003

It has been changed to 80-0058904
AS per copy of letter enclosed.

Please accept our check for
\$150.00 with the understanding
that I never received the proper
form on time

Thanking you I am
Eileen Swatkowski

407-876-3194