


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000115303					
1. Entity Name CENTRAL PARKING LOT MAINTENANCE, INC.					
Principal Place of Business 3325 S. LAKE BUTLER BLVD. WINDERMERE FL 34786			Mailing Address PO BOX 923 WINDERMERE FL 34786		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 80-0058904	
				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			7. Name and Address of New Registered Agent		
SWATKOWSKI, DAVID J 3324 S LAKE BUTLER BLVD WINDERMERE FL 34786			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 _____ (NOTE: Registered Agent signature required when reinstating)					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="border: 1px solid black; padding: 5px; width: 300px;"> <i>I did not receive this until after MAY 1, 2005.</i> </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWATKOWSKI, EILEEN J	NAME	000000366490		
STREET ADDRESS	2234 S. LAKE BUTLER BLVD.	STREET ADDRESS	05/13/05-80006-001 150.00		
CITY-ST-ZIP	WINDERMERE FL 34786	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWATKOWSKI, DAVID J	NAME			
STREET ADDRESS	2234 S. LAKE BUTLER BLVD.	STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(f), 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 SWATKOWSKI 5-10-05 407-876-319					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/04)