

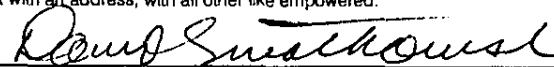


FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000115303				Jan 17, 2008 08:00 Secretary of State	
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			
DO NOT WRITE IN THIS SPACE					
		01042008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 80-0058904		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWATKOWSKI, DAVID J 3324 S LAKE BUTLER BLVD WINDERMERE, FL 34786		DO NOT WRITE IN THIS SPACE			
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				DATE 01/17/08-80076-017 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D SWATKOWSKI, EILEEN J 3324 S LAKE BUTLER BLVD WINDERMERE, FL 34786			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D SWATKOWSKI, DAVID J 3324 S LAKE BUTLER BLVD WINDERMERE, FL 34786			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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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.					
SIGNATURE: 		1-15-08		407-876-3194	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	