


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000122251	
1. Entity Name CFI, CENTRAL FLORIDA INVESTORS, INC.	

Principal Place of Business 4630 RIVER OVERLOOK DR. VALRICO, FL 33594	Mailing Address 4630 RIVER OVERLOOK DR. VALRICO, FL 33594
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01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0375213	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 ESPINOSA, ELISEO 4630 RIVER OVERLOOK DR. VALRICO, FL 33594
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**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 reconstituting) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

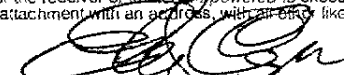
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD ESPINOSA, ELISEO 4630 RIVER OVERLOOK DR. VALRICO, FL 33594
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01/20/04-80027-018 150.00

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IN THIS SPACE**

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 an officer like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____