## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000016810

Entity Name: CENTRAL FLORIDA FINANCIAL GROUP, INC.

FILED Jun 09, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2801 COLLEGE RD., STE. 6 13696 US HWY 441, SUITE 100 OCALA, FL 34474

LADY LAKE, FL 32159

**Current Mailing Address: New Mailing Address:** 

2801 COLLEGE RD., STE. 6 13696 US HWY 441, SUITE 100

LADY LAKE, FL 32159 OCALA, FL 34474

FEI Number: 35-2160279 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RENAKER, JEFFREY A RENAKER, JEFFREY A 2801 SW COLLEGE RD., STE. 8 13696 US HWY 441, SUITE 100

OCALA, FL 34474 LADY LAKE, FL 32159

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: 06/09/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete RENAKER, JEFFREY A Name:

2801 COLLEGE RD., STE. 8 Address:

City-St-Zip: OCALA, FL 34474

Title: () Delete Name: MOSLEY, TIMOTHY

2801 COLLEGE RD., STE. 8 Address:

OCALA, FL 34474 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

RENAKER, JEFFREY A Name: 13696 US HWY 441, SUITE 100 Address:

City-St-Zip: LADY LAKE, FL 32159

Title: (X) Change ( ) Addition

Name: MOSLEY, TIMOTHY

Address: 13696 US HWY 441, SUITE 100 LADY LAKE, FL 32159 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY MOSLEY 06/09/2005 D