


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000016810

1. Entity Name
CENTRAL FLORIDA FINANCIAL GROUP, INC.



Principal Place of Business Mailing Address

13696 US HWY 441, SUITE 100 **13696 US HWY 441, SUITE 100**
LADY LAKE, FL 32159 **LADY LAKE, FL 32159**



04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2160279	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

RENAKER, JEFFREY A
13696 US HWY 441, SUITE 100
LADY LAKE, FL 32159

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/>
NAME	RENAKER, JEFFREY A
STREET ADDRESS	13696 US HWY 441, SUITE 100
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	<input checked="" type="checkbox"/>
NAME	MOSLEY, TIMOTHY
STREET ADDRESS	13696 US HWY 441, SUITE 100
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/24/06-80016-020 150.00

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 filers empowered.

SIGNATURE: _____ **4-6-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #