


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90032 030 \*\*\*150.00

<b>DOCUMENT # P02000018049</b> 1. Entity Name <b>CENTRAL FLORIDA FINISHERS, INC.</b>					
Principal Place of Business <b>1122 NORTH MAIN ST, STE B KISSIMMEE, FL 34744</b>			Mailing Address <b>1122 NORTH MAIN ST, STE B KISSIMMEE, FL 34744</b>		
2. Principal Place of Business <b>600 N. Thacker Ave Ste A1</b> Suite, Apt. #, etc.			3. Mailing Address <b>Same as</b> Suite, Apt. #, etc.		
City & State <b>Kissimmee FL</b>			City & State <b>Same as</b>		
Zip <b>34741</b>		Country <b>Osceola</b>		4. FEI Number <b>80-0022421</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CRAWLEY, JESS 1122 NORTH MAIN ST, STE B KISSIMMEE, FL 34744</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAWLEY, JESS</b> <b>1122 NORTH MAIN ST, STE B</b> <b>KISSIMMEE, FL 34744</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GENOESE, JOSEPH L</b> <b>214 TARANTO WAY</b> <b>KISSIMMEE, FL 34758</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOLFGANG, FLOYD</b> <b>820 OGNON COURT</b> <b>KISSIMMEE, FL 34744</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOOD, SEAN</b> <b>1006 VAN LIEU STREET</b> <b>LEESBURG, FL 34749</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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 all other like empowered.					
<b>SIGNATURE:</b> <u>Joseph Genoese</u> <b>2/13/04</b> <b>407-343-0369</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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