FILE No.202 04/17 '06 16:00 ID:STEPHEN F BAKER ATTY FAX

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Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90203 020 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000026598

1. Entity Name
CENTRAL FLORIDA TELEFIBE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
885 LAKE MYRTLE ROAD AUBURNDALE, FL 33823	885 LAKE MYRTLE ROAD AUBURNDALE, FL 33823

40063757

04172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 02-0564093 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUIS, DAN R
885 LAKE MYRTLE ROAD
AUBURNDALE, FL 33823

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 *Dan R Marquis* 4-21-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVTS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARQUIS, DAN R		NAME	
STREET ADDRESS	885 LAKE MYRTLE ROAD		STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP	
TITLE	VP	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HARDEN, JAMES R JR		NAME	
STREET ADDRESS	885 LAKE MYRTLE ROAD		STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: *Dan R Marquis* 4-21-06 863-287-9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #