

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000034445

1. Entity Name

CENTRAL FLORIDA FLATBED, INC.



Principal Place of Business

6310 VERNON ST
ORLANDO, FL 32818

Mailing Address

P.O. BOX 681285
ORLANDO, FL 32868-1285

FILED

04 APR 30 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3033065	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

GILYARD, TARA
6310 VERNON ST
ORLANDO, FL 32818

**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

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, 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-ST-ZIP
DVST
GILYARD, SYLVESTER J JR
6310 VERNON ST
ORLANDO, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GILYARD, SYLVESTER J JR
6310 VERNON ST
ORLANDO, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800035788228
05/07/04--01096--024 **150.00

**DO NOT WRITE
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #