

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051229

FILED
May 17, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA RENOVATION, INC.

Current Principal Place of Business:

5111 WELLINGTON PARK CIRCLE
D-52
ORLANDO, FL 32839

New Principal Place of Business:

320 RIVERSIDE AVENUE
MERRITT ISLAND, FL 32953

Current Mailing Address:

5111 WELLINGTON PARK CIRCLE
D-52
ORLANDO, FL 32839

New Mailing Address:

320 RIVERSIDE AVENUE
MERRITT ISLAND, FL 32953

FEI Number: 27-0015901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, MICHAEL E
360 RIVERSIDE AVENUE
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

ALDERMAN, MICHAEL E
320 RIVERSIDE AVENUE
MERRITT ISLAND, FL 32953 US

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: MICHAEL E ALDERMAN

05/17/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALDERMAN, MARY B
Address: 5111 WELLINGTON PARK CIRCLE D-52
City-St-Zip: ORLANDO, FL 32839

Title: V () Delete
Name: RAYBURN, MICHAEL C
Address: 360 RIVERSIDE AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T (X) Delete
Name: ALDERMAN, MICHAEL E
Address: 360 RIVERSIDE AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALDERMAN, MICHAEL E
Address: 320 RIVERSIDE AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MICHAEL E ALDERMAN

P

05/17/2005

Electronic Signature of Signing Officer or Director

Date