

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000052182**

1. Entity Name  
**A PERFECT MIX OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**1442 SR 436, #1028  
CASSELBERRY, FL 32707**

Mailing Address  
**C/O MITCHELL & ROEDIGER, CPAS  
2806 N ALVERNON WAY  
TUCSON, AZ 85712**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0632918</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DVORES, HARRIS N  
5141 GARLANGER TRAIL  
OVIEDO, FL 32765**

**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 re-instating) 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**

TITLE	PD
NAME	SHAW, SCOTT M
STREET ADDRESS	3925 FLOWING WELLS ROAD
CITY- ST- ZIP	TUSCON, AZ 85705

TITLE	V
NAME	AYER, MALCOLM
STREET ADDRESS	13804 FONTANA LN
CITY- ST- ZIP	LEAWOOD, KS 66224

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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06/12/06-80008-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*PRESIDENT*

Date

Daytime Phone #