

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069975

FILED  
Apr 15, 2012  
Secretary of State

**Entity Name:** CENTRAL FLORIDA RESORT CONCESSIONS, INC.

**Current Principal Place of Business:**

8505 W. IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

4417 13TH ST.  
PMB 330  
ST. CLOUD, FL 34769 US

**New Mailing Address:**

**FEI Number:** 43-1965513      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENKEN, MINDY A  
4417 13TH ST. PMB 330  
ST. CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** SEC  
**Name:** BENKEN, KRIS R  
**Address:** 4417 13TH ST. PMB 330  
**City-St-Zip:** SAINT CLOUD, FL 34769

**Title:** PRES  
**Name:** BENKEN, MINDY A  
**Address:** 4417 13TH ST. PMB 330  
**City-St-Zip:** ST CLOUD, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: MINDY BENKEN

PRES

04/15/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date