

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070295

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA REAL ESTATE SOLUTIONS, INC.

**Current Principal Place of Business:**

841 DOUGLAS AVENUE  
SUITE 150  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

650 S NORTH LAKE BLVD  
SUITE 530  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

841 DOUGLAS AVENUE  
SUITE 150  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

650 S NORTH LAKE BLVD  
SUITE 530  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 04-3690595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIRES, JOE JR  
107 WHITCOMB DRIVE  
GENEVA, FL 32732 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P- D  
**Name:** PIRES, JOE JR  
**Address:** 107 WHITCOMB DRIVE  
**City-St-Zip:** GENEVA, FL 32732

**Title:** V-D  
**Name:** WOOD, LAURA J  
**Address:** 107 WHITCOMB DRIVE  
**City-St-Zip:** GENEVA, FL 32732

**Title:** S/T  
**Name:** WOOD, LAURA J  
**Address:** 107 WHITCOMB DRIVE  
**City-St-Zip:** GENEVA, FL 32732

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:** JOE PIRES

P

02/17/2010

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

\_\_\_\_\_  
Date