

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 02, 2004 8:00 am
Secretary of State

3/15

03-15-2004 90028 044 ***150.00

DOCUMENT # P02000092326

1. Entity Name

CENTRAL FLORIDA MANAGEMENT SERVICES, INC.



Principal Place of Business

**20 NORTH EOLA DR.
ORLANDO FL 32801**

Mailing Address

**20 NORTH EOLA DR.
ORLANDO FL 32801**

66429333



MOORE CR2E034 (11/03)

20-0994278

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARDING, ROBERT L
20 NORTH EOLA DRIVE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HARDING, ROBERT L**
STREET ADDRESS **20 NORTH EOLA DR.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

Attachment
66429333
P02000092326

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-0994278 OMB No. 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested Central Florida Management Services Inc		
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 20 North Eola Drive		5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code Orlando FL 32801		5b City, state, and ZIP code
6* County and state where principal business is located County Orange State FL		
7a* Name of principal officer, general partner, grantor, owner, or trustor Robert L Harding President		7b* SSN, ITIN, EIN 265-92-3711
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 2553 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ </div> <div> <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises </div> </div>		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated FL		Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ new corporation <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		
10* Date business started or acquired (month, day, year) SEP 16 2002		11* Closing month of accounting year DEC
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>		
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i>		<div style="display: flex; justify-content: space-around;"> <div>Agriculture 0</div> <div>Household 0</div> <div>Other 0</div> </div>
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) "management services"		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. management services		
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
Third Party Designee	Designee's name Address and ZIP code	Designee's telephone number (include area code) () - Designee's fax number (include area code) () -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		Applicant's telephone number (include area code)

Attachment

66429333

RAILEY & HARDING

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

ROBERT L. HARDING
LILBURN R. RAILEY, III
MARK S. REISINGER*
*ALSO ADMITTED IN VIRGINIA
JEREMY T. SPRINGHART**
**ALSO ADMITTED IN MASSACHUSETTS

TELEPHONE: (407) 648-9119
FACSIMILE: (407) 648-8049

www.raileyharding.com

CATHERINE BUHALY IBOLD
OF COUNSEL
ALSO ADMITTED IN TENNESSEE

20 NORTH EOLA DRIVE
ORLANDO, FLORIDA 32801

June 30, 2004

Division of Corporations
Attn: Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Central Florida Management Services, Inc.
Ref. No: P02000092326

Ladies and Gentlemen:

Enclosed is your letter to us dated March 19, 2004, returning the Annual Report for lack of EIN number. I attach a copy of your letter, the revised Annual Report, and a copy of the Application for Employer I.D. You are in receipt of our annual fee. Please make sure that the above-referenced corporation remains in good standing.

Thank you in advance.

Sincerely,



Carol W. Campbell, Legal Assistant to
Robert L. Harding

RLH/cwc

cc: