

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000002580

1. Entity Name
CENTRAL FLORIDA CLAIMS & BROKERAGE, INC.



Principal Place of Business
108 ILLINOIS
WAUCHULA, FL 33873 US

Mailing Address
P O BOX 534
WAUCHULA, FL 33873 US

DO NOT WRITE IN THIS SPACE

40092155



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1145135	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, PATRICIA
108 ILLINOIS
WAUCHULA, FL 33873

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 JOHNSON, PATRICIA
STREET ADDRESS P.O. BOX 534
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Patricia Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Johnson

115/07 863-773-6677

Date

Daytime Phone #