## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000020075

City-St-Zip:

Entity Name: CCF OF KISSIMMEE, INC.

FILED Jan 06, 2009 Secretary of State

Littley Nai	<b>iic.</b> 001 01 1	CIOONIVIIVILL, IIVO.					
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
4928 PIER APOPKA, I	CE ARROW E FL 32712	DR .					
Current Mailing Address:			New Mail	New Mailing Address:			
4928 PIER APOPKA, I	CE ARROW E FL 32712	DR .					
FEI Number:	65-1174239	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status De	sired ( )	
Name and	Address of C	urrent Registered Agen	t: Name and	Name and Address of New Registered Agent:			
SANTIAGO 4928 PIER APOPKA, I	ĆE ARROW 🛭	DR JS					
	named entity s e of Florida.	submits this statement for	the purpose of changing	its registered	office or registered age	ent, or both,	
SIGNATUR	RE:						
	Electror	ic Signature of Registered	l Agent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PSTD ( ) SANTIAGO, JO 4928 PIERCE A APOPKA, FL 3	ARROW DR	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition		
Title: Name: Address:	( )	Delete	Title: Name: Address:	MONTAÑEZ,	( ) Change (X) Addition BLANCA I E ARROW DR		

APOPKA, FL 32712

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE SANTIAGO P 01/06/2009