

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90042 012 ***150.00

DOCUMENT # P03000050305

1. Entity Name
CENTRAL FLORIDA STROBE RENTAL INCORPORATED



Principal Place of Business
**735 BROOKHAVEN DRIVE
SUITE 400
ORLANDO, FL 32803 US**

Mailing Address
**735 BROOKHAVEN DRIVE
SUITE 400
ORLANDO, FL 32803 US**



2. Principal Place of Business
710 N. Mills Avenue
Suite, Apt. #, etc.

3. Mailing Address
710 N. Mills Ave.
Suite, Apt. #, etc.

03132004 Chg-P CR2E034 (10/03)

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
20-0852680
Applied For
Not Applicable

Zip
32803
Country

Zip
32803
Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WAGNER, RUMMEL
735 BROOKHAVEN DRIVE
SUITE 400
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name
Brewer & Searl, P.A.

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

400 West Church St.

City
Orlando **FL** Zip Code
32801

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: **Kurt Forrest Brewer, Esq.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/12/4
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P,D
WAGNER, RUMMEL
735 BROOKHAVEN DRIVE, SUITE 400
ORLANDO, FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP,D
OSTHEIM, MICHAEL
735 BROOKHAVEN DRIVE, SUITE 400
ORLANDO, FL 32803** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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: **Kurt Forrest Brewer Esq.** **3/12/4** **407 246 5253**