## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P03000056850**

1. Entity Name

CENTRAL FLORIDA PATCH AND SEAL, INC.



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

2635 S. LAUREL AVE. SANFORD, FL 32773

Mailing Address

2635 S. LAUREL AVE. SANFORD, FL 32773



# DO NOT WRITE IN THIS SPACE

and the second and th

04182007 No Chg-P

CR2E034 (11/05)

4. FEI Number 75-3143267 Applied For Not Applicable

5. Certificate of Status Desired

en 1990 de la distribución de Pener (en describir de pindado), que describir de la describir pene

e din 1800 mili menden din seria di dinanda di periodo di mendenda di disebuah di di dinangan beraja di diang Pendengan di terminangan di dinangan di di dinangan di dinangan di dinangan di didinangan di di dinangan di di

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUDERBAUGH, DANNY T 2635 S. LAUREL AVE. SANFORD, FL 32773

## 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 trille if applicable. (NOTE: Registered Agent agent		stered Agent agnature required when reinstating)	DATE
	P NOW!!! FEE IS \$150.00 9. Election Campaign Fi ay 1, 2007 Fee will be \$550.00 Trust Fund Contribution	· _ +,	E 1, 1 on 10 to 10
10.	OFFICERS AND DIRECTORS		An article of the contract of
TITLE	D		
NAME	LAUDERBAUGH, DANNY T	The state of the second of the	
STREET ADDRESS	2635 S. LAUREL AVE.		
CITY-ST-ZIP	SANFORD, FL 32773		

#### BOISSELLE, SEAN M STREET ADDRESS 628 MEADOWVALE DRIVE CITY-ST-ZIP ORLANDO, FL 32825 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP THEF NÀME STREET ADDRESS CITY-ST-ZIP

### DO NOT WRITE IN THIS SPACE

U00000720505 05/01/07-80107-018 150.00

12. Thereby certify that the information supplied with this filling 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 eccever 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: LENWI LOLD DRING T. LAND CI bang

4-18-07 407-321-042

Davima Phone