

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000064055	
1. Entity Name CENTRAL FLORIDA PROPERTIES & INVESTMENTS CORP.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 25 AM 9:39



Principal Place of Business 1329 NORTH COMBEE ROAD LAKELAND, FL 33801	Mailing Address 1329 NORTH COMBEE ROAD LAKELAND, FL 33801
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04222005 Chg-P CR2E034 (10/03)

4. FEI Number 41-2098436	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BALDWIN, JAMES C 1329 NORTH COMBEE ROAD LAKELAND, FL 33801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BALDWIN, JAMES C 1329 NORTH COMBEE ROAD LAKELAND, FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S: SECRETARY JEANETTE CHAMBLEE 1329 NORTH COMBEE ROAD LAKELAND, FL 33801 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHAMBLEE, KEN W 1329 NORTH COMBEE ROAD LAKELAND, FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000054237440 05/10/05--01108--011 **61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: Ken W Chamblee Jr. P. 4/22/05 (863) 665-2449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #