


FILED
Jun 01, 2004 8:00 am
Secretary of State

05-04-2004 90162 012 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000088229					
1. Entity Name TEN BROECK CENTRAL FLORIDA, INC.					
Principal Place of Business 603 MAIN ST WINDERMERE, FL 34786-1100			Mailing Address 603 MAIN ST WINDERMERE, FL 34786-1100		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0478344	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ECENIA, STEPHEN A 215 S MONROE ST SUITE 420 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DCAS DIZNEY, DONALD R <input type="checkbox"/> Delete 603 MAIN STREET WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NASON, WALT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 603 MAIN STREET WINDERMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DIZNEY, DAVID A <input type="checkbox"/> Delete 603 MAIN STREET WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FEHR, STEPHEN <input type="checkbox"/> Delete 603 MAIN STREET WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DELEHUNT, JANINE <input type="checkbox"/> Delete 603 MAIN STREET WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVC ENGLISH, JAMES E <input type="checkbox"/> Delete 603 MAIN STREET WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BARKMAN, KEVIN <input type="checkbox"/> Delete 603 MAIN STREET WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Kevin Barkman</u>			Kevin Barkman 4/15/04 (407) 876-2200		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		