

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90123 023 ***150.00

DOCUMENT # P03000104685

1. Entity Name
CENTRAL FLORIDA STITCHING, INC.



Principal Place of Business

**141 N. HIGHLAND ST.
MT. DORA, FL 32757**

Mailing Address

**141 N. HIGHLAND ST.
MT. DORA, FL 32757**

50051494



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0248216

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENNINGS, JOAN
106 E. HARVARD STREET
ORLANDO, FL 32804**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 PS
NAME JENNINGS, JOAN
STREET ADDRESS 106 E. HARVARD STREET
CITY-ST-ZIP ORLANDO, FL 32804 ☐ Delete

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

TITLE V
NAME JENNINGS, WILLIAM T
STREET ADDRESS 106 E. HARVARD STREET
CITY-ST-ZIP ORLANDO, FL 32804 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 5/10/05 352785443