

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90015 003 ***150.00

DOCUMENT # P03000138846

1. Entity Name

CFL CONSULTANTS, INC.



Principal Place of Business

1111 BRICKELL AVE, STE 2150
MIAMI FL 33131

Mailing Address

1111 BRICKELL AVE, STE 2150
MIAMI FL 33131

2. Principal Place of Business

2224 S. Carnegie Dr.
Suite, Apt. #, etc.

3. Mailing Address

2224 S. Carnegie Dr.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Inverness, FL

Zip
34450

Country
Citrus

City & State

Inverness, FL

Zip
34450

Country
Citrus

4. FEI Number

30-0219956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, BRYAN W
1111 BRICKELL AVE, STE 2150
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

John Mathis

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

2224 S. Carnegie Dr.

City

Inverness

FL

Zip Code

34450

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

John P. Mathis

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

(NOTE: Registered Agent signature required when reinstating)

3/29/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MATHIS, JOHN P
STREET ADDRESS 2224 S CARNEGIE DR
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

John P. Mathis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

DATE

352-637-5902

DAYTIME PHONE #