

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90002 045 ***558.75

DOCUMENT # P03000149708

1. Entity Name

FCF OF CENTRAL FLORIDA CO.



Principal Place of Business

2572 ROBERT TRENT JONES DR.
 1237
 ORLANDO FL 32835

Mailing Address

2572 ROBERT TRENT JONES DR.
 1237
 ORLANDO FL 32835

54072306



MOORE CR2E034 (4/04)

2. Principal Place of Business

2506 Robert Trent Jones DR

3. Mailing Address

2506 Robert T. Jones DR

Suite, Apt. #, etc.

apt 1130

Suite, Apt. #, etc.

apt. 1130

City & State

Orlando-FL

City & State

Florida/Orlando

4. FEI Number

800084810

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEOLA, FABIO C
 2572 ROBERT TRENT JONES DR.
 1237
 ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name: FEOLA, FABIO C
 Street Address (R.O. Box Number is Not Acceptable): 2506 Robert Trent Jones DR
 apt 1130
 Orlando FL 32835

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

Feola

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

(NOTE: Registered Agent signature required when reinstating)

DATE

09-06-04

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

| TITLE | DPT | <input type="checkbox"/> Delete |
|---|-----|---------------------------------|
| NAME: FEOLA, FABIO C | | |
| STREET ADDRESS: 2572 ROBERT TRENT JONES DR. #1237 | | |
| CITY-ST-ZIP: ORLANDO FL 32835 | | |
| NAME: DE OLIVEIRA, CAROLINA | | |
| STREET ADDRESS: 2572 ROBERT TRENT JONES DR. #1237 | | |
| CITY-ST-ZIP: ORLANDO FL 32835 | | |
| NAME: | | |
| STREET ADDRESS: | | |
| CITY-ST-ZIP: | | |
| NAME: | | |
| STREET ADDRESS: | | |
| CITY-ST-ZIP: | | |
| NAME: | | |
| STREET ADDRESS: | | |
| CITY-ST-ZIP: | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | DPT | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--|-----|--|-----------------------------------|
| NAME: FEOLA, FABIO C. | | | |
| STREET ADDRESS: 2506, Robert Trent Jones DR, #1130 | | | |
| CITY-ST-ZIP: ORLANDO FL 32835 | | | |
| NAME: DE OLIVEIRA, CAROLINA | | | |
| STREET ADDRESS: 2506, Robert Trent Jones DR, #1130 | | | |
| CITY-ST-ZIP: ORLANDO - FL 32835 | | | |
| NAME: | | | |
| STREET ADDRESS: | | | |
| CITY-ST-ZIP: | | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-06-04

Date

Daytime Phone #

407-2531164