


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000153895 1. Entity Name WELCOME TO CENTRAL FLORIDA, INC.	
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Principal Place of Business 814 MINNESOTA AVENUE ST.CLOUD, FL 34769	Mailing Address 814 MINNESOTA AVENUE ST.CLOUD, FL 34769
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**DO NOT WRITE IN THIS SPACE**



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0596179	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  TURMAN, DEAN K ESQUIRE 12598 KIRBY SMITH ROAD ORLANDO, FL 32832
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**DO NOT WRITE  
IN THIS SPACE**

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 _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BADER, CULLEN 814 MINNESOTA AVENUE ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT RIOS, DEE M 2265 SANTA LUCIA STREET KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA RIOS, DEE M 2265 SANTA LUCIA STREET KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRE BADER, CULLEN 814 MINNESOTA AVENUE ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/22/05-80026-023 158.75

**DO NOT WRITE  
IN THIS SPACE**

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>X. Cullen Bader</u> DIR.	Date: <u>13 FEB. 05</u>	Daytime Phone #: <u>407-891-9775</u>
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