

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000153895



1. Entity Name

WELCOME TO CENTRAL FLORIDA, INC.

Principal Place of Business

814 MINNESOTA AVENUE  
ST.CLOUD FL 34769

Mailing Address

814 MINNESOTA AVENUE  
ST.CLOUD FL 34769



2. Principal Place of Business - No P.O. Box #

814 MINN. AVE

Suite, Apt. #, etc.

3. Mailing Address

814 MINN. AVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

ST. CLOUD, FL.

City & State

ST. CLOUD, FL.

4. FEI Number

20-0596179

Applied For

Not Applicable

Zip

34769

Country

OSCEOLA

Zip

34769

Country

OSCEOLA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TURMAN, DEAN K ESQUIRE  
12598 KIRBY SMITH ROAD  
ORLANDO FL 32832

7. Name and Address of New Registered Agent

Name

N./A.

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

N./A.

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, 2007 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 PRES ☐ Delete  
NAME BADER, CULLEN  
STREET ADDRESS 814 MINNESOTA AVENUE  
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE SECT ☐ Delete  
NAME RIOS, DEE M  
STREET ADDRESS 2265 SANTA LUCIA STREET  
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE TREA ☐ Delete  
NAME RIOS, DEE M  
STREET ADDRESS 2265 SANTA LUCIA STREET  
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE DIRE ☐ Delete  
NAME BADER, CULLEN  
STREET ADDRESS 814 MINNESOTA AVENUE  
CITY-ST-ZIP ST. CLOUD FL 34769

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  
U000000661428  
03/20/07-80040-010 150.00

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

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

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

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

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 exemptions contained in Section 119, 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:

K. Cullen Bader, DIR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 FEB. 07 407-891-9775

Date

Daytime Phone #