2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000156149

1. Entity Name

CENTRAL FLORIDA SWIMAMERICA, INC.



Principal Place of Business

14200 SW 101ST LANE DUNNELLON, FL 34432 Mailing Address

14200 SW 101ST LANE DUNNELLON, FL 34432

FILED Mar 12, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01182008 No Chg-P

Applied For 4. FEI Number 20-0543588 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SCHWERZEL, SUSAN 14200 SW 101ST LANE DUNNELLON, FL 34432

DO NOT WRITE IN THIS SPACE

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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 (upoad or printed his ne of registered approaches (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PVTS SCHWERZEL, SUSAN 14200 SW 101ST LANE DUNNELLON, FL 34432 D SCHWERZEL, SUSAN 14200 SW 101ST LANE DUNNELLON, FL 34432	TORS			U00000854419 03/27/08-80007-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT WRITE THIS SPACE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 in changed, or on an attachment w

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP