2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State
05-30-2007 90004 005 ***150.00

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1. Entity Name
CENTRAL FLORIDA SITEWORK & SERVICES, INC.

66019604

Principal Place of Business	Mailing Address
4552 ALBRITTON ROAD ST. CLOUD, FL 34772-7203	4552 ALBRITTON ROAD ST. CLOUD, FL 34772-7203

03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0721513
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MC DONALD, THEODORE
4552 ALBRITTON ROAD
ST. CLOUD, FL 34772-7203

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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 Theodore B. McDonald 5/24/07
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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MC DONALD, THEODORE
STREET ADDRESS	4552 ALBRITTON ROAD
CITY-ST-ZIP	ST. CLOUD, FL 347727203
TITLE	President
NAME	Theodore B. McDonald
STREET ADDRESS	4552 Albritton Rd.
CITY-ST-ZIP	St. Cloud, FL 34772
TITLE	Vice President
NAME	Alika McDonald
STREET ADDRESS	4552 Albritton Rd
CITY-ST-ZIP	St. Cloud, FL 34772
TITLE	Vice President
NAME	Rusty Adams
STREET ADDRESS	3210 State Rd
CITY-ST-ZIP	St. Cloud, FL 34772
TITLE	S
NAME	Theodore B McDonald
STREET ADDRESS	4552 Albritton Rd
CITY-ST-ZIP	St. Cloud, FL 34772
TITLE	T
NAME	Alika McDonald
STREET ADDRESS	4552 Albritton Rd
CITY-ST-ZIP	St. Cloud, FL 34772

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12. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Theodore B. McDonald President 6/8/07 321-624-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #