


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000029212	
1. Entity Name ADVANCED PROPERTY MANAGEMENT OF CENTRAL FLORIDA, INC.	

Principal Place of Business 1978 ROCKLEDGE BLVD STE 106 ROCKLEDGE, FL 32955	Mailing Address 1978 ROCKLEDGE BLVD STE 106 ROCKLEDGE, FL 32955
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DO NOT WRITE IN THIS SPACE



06202007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0767895	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LARKIN, DAVID G 1900 S HICKORY ST, STE A MELBOURNE, FL 32901	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV MOORE, VAN 372 COBBLEWOOD DR ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOORE, DIANNA 372 COBBLEWOOD DR ROCKLEDGE, FL 32955
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000766629
06/26/07-80001-016 550.00

**DO NOT WRITE
IN THIS SPACE**

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:

Dianna Moore *Dianna Moore* 6/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

321-636-4889