


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
5 Jun 02, 2005 8:00 am
Secretary of State

05-04-2005 90139 016 ***150.00

DOCUMENT # P04000047600
 1. Entity Name
CENTRAL FLORIDA LAWN EQUIPMENT, INC



Principal Place of Business Mailing Address
5721 PINEDALE LANE **5721 PINEDALE LANE**
LAKELAND, FL 33811 US **LAKELAND, FL 33811 US**

66020880



2. Principal Place of Business 3. Mailing Address
210 W. Michigan St. **210 W. Michigan St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04222005 Chg-P CR2E034 (10/03)

City & State City & State
Orlando, FL **Orlando, FL**
 Zip Country Zip Country
32806 **Orange** **32806** **Orange**

4. FFI Number Applied For
20-0887628 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
KEITH, WILLIAM C
1517 COMMERCIAL PARK DR.
LAKELAND, FL 33801

7. Name and Address of New Registered Agent
 Name
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RITCHEY, DARRELL 5721 PINEDALE LANE LAKELAND, FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RITCHEY, LISA 5721 PINEDALE LANE LAKELAND, FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 507, 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 officers empowered.

SIGNATURE: *David Ritchey* Date: 5/2/05 Daytime Phone #: 865-581-1305