

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069085

FILED
Feb 18, 2005
Secretary of State

Entity Name: CORPORATE SOLUTIONS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

20 WEST LUCERNE CIRCLE
#509
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 568443
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 14-1908087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMKO, SEPHANIE A
20 W. LUCERNE CIRCLE
#509
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMKO, STEPHANIE A
Address: 20 W. LUCERNE CIRCLE, #509
City-St-Zip: ORLANDO, FL 32801

Title: V () Delete
Name: WEAVER, JAMES E JR.
Address: 20 WEST LUCERNE CIRCLE
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: SIMKO, STEPHANIE A
Address: PO BOX 568443
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE A. SIMKO

P/S

02/18/2005

Electronic Signature of Signing Officer or Director

Date