## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000087853

City-St-Zip:

LAKELAND, FL 33801 US

Entity Name: CENTRAL FLORIDA BUS REPAIRS, INC

FILED Jan 19, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
	AIN STREET D, FL 33801	US			
Current Mailing Address:			New Mailing Address	:	
	AIN STREET D, FL 33801	US			
FEI Number:	: 55-0870769	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SILVER, W 6115 LIS L LAKELANI		US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO ( SILVER, WYN 6115 LIS LANI LAKELAND, FI	≣	Title: ( Name: Address: City-St-Zip:	)Change ()Addition	
Title: Name: Address: City-St-Zip:	P ( SILVER, JOHN 1848 CASCO : LAKEALND, FI	STREET	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S ( SILVER, LYNN 2101 F MAIN S		Title: ( Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: LYNNE SILVER S 01/19/2009