

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90136 030 ***150.00



DOCUMENT # P04000127017
 1. Entity Name
 RINGLER ASSOCIATES CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
 207 EAST ROBERTSON STREET 207 EAST ROBERTSON STREET
 SUITE F SUITE F
 BRANDON FL 33511 BRANDON FL 33511
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 3821 Stearns Road 3821 Stearns Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State Valrico FL City & State Valrico FL
 Zip 33596 Country US Zip 33596 Country US

4. FEI Number 20-1572875 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MAGUIRE, TIMOTHY
 207 EAST ROBERTSON STREET
 SUITE F
 BRANDON FL 33594

7. Name and Address of New Registered Agent
 Name
 Street Address 3821 Stearns Road (Box Number is Not Acceptable)
 City Valrico FL Zip Code 33596

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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	P MAGUIRE, TIMOTHY 207 EAST ROBERTSON STREET, SUITE F BRANDON FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGUIRE, TIMOTHY 207 EAST ROBERTSON STREET, SUITE F BRANDON FL 33511 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3821 Stearns Road Valrico, FL 33596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3821 Stearns Road Valrico, FL 33596
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE *Timothy R. Maguire* 4/10/08 813-571-3191
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #