

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000134109

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA GENERATORS, INC.

**Current Principal Place of Business:**

115 LEHIGH AVENUE  
FLAGLER BEACH, FL 321360101 US

**New Principal Place of Business:**

**Current Mailing Address:**

115 LEHIGH AVENUE  
FLAGLER BEACH, FL 321360101 US

**New Mailing Address:**

**FEI Number:** 41-2151076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAVY, BENJAMIN  
25 PINE CONE DRIVE  
SUITE 2A  
PALM COAST, FL 32164 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WOLFGRAM, RANDY  
Address: 115 LEHIGH AVE.  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP  
Name: BUCCOLA, DOMINICK  
Address: 115 LEHIGH AVE.  
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby 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 all other like empowered.

SIGNATURE: DOMINICK J BUCCOLA JR.

VP

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date