## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2007 08:00 AM Secretary of State **DOCUMENT # P04000139776** ABC FACTORING OF CENTRAL FLA., INC. Principal Place of Business Mailing Address PO BOX 520 24525 CR 44A EUSTIS, FL 32736 SORRENTO, FL 32776 CR2E034 (11/05) 01242007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0409137 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARSON, MARK DO NOT WRITE 24525 CR 44A EUSTIS, FL 32736 IN THIS SPACE 8. The above named onliny 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 d agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CARSON, MARK STREET ADDRESS P O BOX 520 CITY-ST-ZIP SORRENTO, FL 32776 U00000734061 TITLE 05/09/07-80114-002 150.00 CARSON, ASHLEY STREET ADDRESS 24525 CR 44A CITY-ST-ZIP EUSTIS, FL 32736 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

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