2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000142598

1. Entity Name
CENTRAL FLORIDA PALMS, INC.

Principal Place of Business	Mailing Address
7 SELAH WAY LAKE PLACID, FL 33852	7 SELAH WAY LAKE PLACID, FL 33852

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
55-0885787	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUEPSCHEN, LAWRENCE
7 SELAH WAY
LAKE PLACID, FL 33852

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000785512 01/17/08-80003-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LUEPSCHEN, LAWRENCE
STREET ADDRESS	7 SELAH WAY
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VS
NAME	LUEPSCHEN, OLGA
STREET ADDRESS	7 SELAH WAY
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _Lawrence Luepschen_   Lawrence Luepschen   1-13-08   863-314-9255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #