## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000143371

3852 LB MCLEOD RD

ORLANDO, FL 32805

Address: City-St-Zip: FILED Apr 24, 2007 Secretary of State

DOCOM	LIVI# I O	1000110011		Secretary or State	
<b>Entity Nan</b>	ne: CUB CA	ADET OF CENTRAL FLORIDA, II	NC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3852 LB MO ORLANDO	CLEOD ROA , FL 32805	AD			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3852 LB MO ORLANDO	CLEOD ROA , FL 32805	AD			
FEI Number:	20-1727379	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
YEOMANS, CHERYL 11 S. BUMBY AVENUE SUITE 200 ORLANDO, FL 32803 US			ROBINSON, TERRY 401 N STONE ST. DELAND, FL 32720	US	
The above in the State		submits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: TERRY ROBINSON				04/24/2007	
Electronic Signature of Registered Agent			nt	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ROBINSON, 7 3852 LB MCL ORLANDO, F	EOD ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( GERRY, PAT 3852 LB MCL ORLANDO, F	EOD RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S ( ROBINSON, I	) Delete DARLENE	Title: Name:	( ) Change ( ) Addition	

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

Address:

City-St-Zip:

SIGNATURE: TERRY ROBINSON P 04/24/2007