

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148864

FILED
Feb 20, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA GENERATOR SERVICE INC.

Current Principal Place of Business:

122 DAL HALL BLVD
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

122 DAL HALL BLVD.
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 30-0280085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRILLWITZ, MARK H
122 DAL HALL BLVD.
LAKE PLACID, FL 33852 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRILLWITZ, MARK H
Address: 122 DAL HALL BLVD.
City-St-Zip: LAKE PLACID, FL 33852

Title: VP () Delete
Name: WETZEL, JEFFERY J
Address: 278 CUMQAT RD. NW
City-St-Zip: LAKE PLACID, FL 33852

Title: TRS () Delete
Name: GLENNVILLE, MARK
Address: 5470 E. BUSCH BLVD.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: SECT () Delete
Name: RABB, MICHAEL
Address: 5470 E. BUSCH BLVD.
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: MARK H. PRILLWITZ

P

02/20/2005

Electronic Signature of Signing Officer or Director

Date