# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 08, 2008**
**Secretary of State**

DOCUMENT# P04000148864

**Entity Name:** CENTRAL FLORIDA GENERATOR SERVICE INC.

**Current Principal Place of Business:**

900 HILLCREST AVE
LAKE PLACID, FL 33852

**New Principal Place of Business:**

55 ELLERBEE DRIVE
LAKE PLACID, FL 33852

**Current Mailing Address:**

PO BOX 2281
LAKE PLACID, FL 33862 22

**New Mailing Address:**

PO BOX 2167
LAKE PLACID, FL 338622167 22

**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
900 HILLCREST AV
LAKE PLACID, FL 33852 US

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

PRILLWITZ, MARK H
55 ELLERBEE DRIVE
LAKE PLACID, FL 33852 US

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: MARK PRILLWITZ 05/08/2008
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ,T ( ) Delete
Name: PRILLWITZ, MARK H
Address: 900 HILLCREST AV
City-St-Zip: LAKE PLACID, FL 33852

Title: S (X) Delete
Name: PRILLWITZ, PATRICIA D
Address: 900 HILLCREST AV
City-St-Zip: LAKE PLACID, FL 33852 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ,T (X) Change ( ) Addition
Name: PRILLWITZ, MARK H
Address: 55 ELLERBEE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

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

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

SIGNATURE: MARK PRILLWITZ P 05/08/2008
Electronic Signature of Signing Officer or Director Date