


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90202 001 ***150.00
04-26-2005 90202 002 *****8.75

DOCUMENT # P04000161557 1. Entity Name CENTRAL FLORIDA ELECTRIC & LIGHTING, INC	
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 205 E Cherokee Ave Suite, Apt. #, etc.	3. Mailing Address same Suite, Apt. #, etc.
City & State Bushnell, Florida	City & State
Zip 33513	Country United States

DO NOT WRITE IN THIS SPACE

4. FEI Number 201932566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street, 4th Floor
City Miami
State FL
Zip Code 33145

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
	Darryl A. Vickers 205 E Cherokee Ave Bushnell, Florida 33513		
	Kevin M. Vickers 205 E Cherokee Ave Bushnell, Florida 33513		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Darryl A. Vickers 4/18/05 (352) 303-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #