

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90014 018 ***150.00

DOCUMENT # P04000171441 1. Entity Name CENTRAL COAST FUNDRAISING, INC.			
Principal Place of Business 1122 YATES STREET ORLANDO, FL 32804		Mailing Address 1122 YATES STREET ORLANDO, FL 32804	
2. Principal Place of Business 4333 Silver Star Rd Suite, Apt. #, etc. Ste 180 City & State Orlando FL Zip 32808 Country USA		3. Mailing Address 4333 Silver Star Rd Suite, Apt. #, etc. Ste 180 City & State Orlando FL Zip 32808 Country USA	
4. FEI Number 02-0734099		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02152006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent PETERSEN, CHRISTOPHER 1122 YATES STREET ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature: typed or printed name of registered agent and date if applicable. (NOTE: Registered Agents signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete PETERSEN, CHRISTOPHER 1122 YATES STREET ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MOSES, KELVIN 1202 TIMBER TRACE DRIVE WESLEY CHAPPEL, FL 33543	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>Chris Petersen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/21/2006 407-298-6670 Date Daytime Phone #	