

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000045314

1. Entity Name  
CENTRAL FLORIDA BRACE AND LIMB INC.



Principal Place of Business  
41 S MARKET BLVD  
WEBSTER, FL 33597

Mailing Address  
41 S MARKET BLVD  
WEBSTER, FL 33597

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112006

Chg-P

CR2E034 (11/05)

4. FEI Number  
20-2364927

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELM, DWAYNE  
9363 12TH DR  
WEBSTER, FL 33597

Name

41 S. Market Blvd

City Webster

FL

Zip Code 33597

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

*Dwayne Helm*

10/10/06

Signature of agent or current owner or registered agent, and tax ID, if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HELM, DWAYNE  
9363 SE 12TH DR  
WEBSTER, FL 33597 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
41 S. Market Blvd  
Webster, FL 33597 ☒ 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

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 filers empowered.

SIGNATURE:

*Dwayne Helm*

10/10/06

352-250-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CENTRAL FLORIDA BRACE AND LIMB, INC.  
41 S MARKET BLVD  
WEBSTER, FLORIDA 33597

October 10, 2006

To whom it may concern:

This letter is to notify you of the receipt of the Notice of Dissolution or Revocation for our company. We did not receive information regarding the missing information, and therefore are requesting that the \$600.00 fee be waived. We have completed the requested information and ask that you kindly reinstate our corporation. The check for the original filing fee has already been received and cleared by our bank (please see copy). Thank you for your attention to this matter!

A handwritten signature in black ink, appearing to read "Dwayne Helm". The signature is fluid and cursive, with the first name "Dwayne" and last name "Helm" clearly distinguishable.

Dwayne Helm