



2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90020 001 \*\*\*150.00  
02-22-2006 90020 002 \*\*\*\*\*8.75

<b>DOCUMENT # P05000074762</b> 1. Entity Name <b>CENTRAL FLORIDA DIVERSIFIED SERVICES, INC.</b>					
Principal Place of Business <b>821 PARKS STREET WILDWOOD, FL 34785</b>			Mailing Address <b>821 PARKS STREET WILDWOOD, FL 34785</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>542175393</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCCANN, DAVE G 821 PARKS STREET WILDWOOD, FL 34785</b>				7. Name and Address of New Registered Agent - Name <b>WOLFE DWAYNE A</b> Street Address (P.O. Box Number is Not Acceptable) <b>821 PARKS STREET</b> City <b>WILDWOOD</b> <b>FL</b> Zip Code <b>34785</b>	
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: <u>Dwayne A. Wolfe</u> <u>DWAYNE A. WOLFE</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS MCCANN, DAVE G. <input checked="" type="checkbox"/> Delete 4647 NW 45 LANE LAKE PANASOFFKEE, FL 33538		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WOLFE, DWAYNE A. 821 PARKS STREET WILDWOOD, FLA 34785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT <input type="checkbox"/> Delete WOLFE, DWAYNE A 821 PARKS STREET WILDWOOD, FL 34785		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Dwayne A. Wolfe</u> <u>DWAYNE A. WOLFE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # <u>352-961-3048</u>		