


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000074762	
1. Entity Name CENTRAL FLORIDA DIVERSIFIED SERVICES, INC.	

Principal Place of Business 821 PARKS STREET WILDWOOD, FL 34785	Mailing Address 821 PARKS STREET WILDWOOD, FL 34785
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03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2175393	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOLFE, DWAYNE A 821 PARKS STREET WILDWOOD, FL 34785
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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 Wolfe* P DATE 3-13-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WOLFW, DWAYNE A 821 PARKS ST WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT WOLFE, DWAYNE A 821 PARKS STREET WILDWOOD, FL 34785
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04/04/07-80022-018 150.00

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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 *Dwayne Wolfe* 3-13-07 (352) 466-3048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #