


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000078307	
1. Entity Name CFL DETAIL SERVICES, INC.	

Principal Place of Business 3172 HEATHER GLYNN DR MULBERRY, FL 33860	Mailing Address 3172 HEATHER GLYNN DR MULBERRY, FL 33860
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01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2981815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, RODNY E
3172 HEATHER GLYNN DR
MULBERRY, FL 33860

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

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

U00000606503
01/30/07-80081-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTERO, RODNY E 3172 HEATHER GLYNN DR MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDRADE, PATRICIA 3172 HEATHER GLYNN DR MULBERRY, FL 33860
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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: *Rodny E. Quintero* *Rodny E. Quintero President 01/29/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #