


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000078307**

1. Entity Name  
 CFL DETAIL SERVICES, INC.



Principal Place of Business      Mailing Address

3172 HEATHER GLYNN DR      3172 HEATHER GLYNN DR  
 MULBERRY, FL 33860      MULBERRY, FL 33860

**DO NOT WRITE IN THIS SPACE**



01192008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 20-2981815      Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINTERO, RODNY E
STREET ADDRESS	3172 HEATHER GLYNN DR
CITY- ST- ZIP	MULBERRY, FL 33860
TITLE	ST
NAME	ANDRADE, PATRICIA
STREET ADDRESS	3172 HEATHER GLYNN DR
CITY- ST- ZIP	MULBERRY, FL 33860
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/30/08-80065-023 150.00

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:       04-28-08      (863) 425-7289

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