

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000069108

**Entity Name:** CENTRAL FLORIDA 2000, INC.

**FILED**  
**Aug 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

115 LAKE DAVENPORT BLVD.  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

115 LAKE DAVENPORT BLVD.  
DAVENPORT, FL 33897

**New Mailing Address:**

**FEI Number:** 20-4895251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMASON, ELAINE  
5357 OAK TERRACE DRIVE  
ORLANDO, FL 32839 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: THOMASON, ELAINE  
Address: 5357 OAK TERRACE DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: D  
Name: LUCIE, AMY  
Address: 115 LAKE DAVENPORT BLVD.  
City-St-Zip: DAVENPORT, FL 33897

Title: D  
Name: THOMASON, RANDY  
Address: 115 LAKE DAVENPORT BLVD.  
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELAINE THOMASON

D

08/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date