

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145287

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA RESEARCH INC.

## Current Principal Place of Business:

245 SEMINOLE AVE. N.  
LAKE ALFRED, FL 33850

## New Principal Place of Business:

342 EAST CENTRAL AVE  
WINTER HAVEN, FL 33880

## Current Mailing Address:

P.O. BOX 599  
LAKE ALFRED, FL 33850

## New Mailing Address:

342 EAST CENTRAL AVE  
WINTER HAVEN, FL 33880

FEI Number: 20-8008221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LONG, TOM  
245 SEMINOLE AVE. N.  
LAKE ALFRED, FL 33850 US

## Name and Address of New Registered Agent:

LONG, TOM  
342 EAST CENTRAL AVE  
WINTER HAVEN, FL 33880 US

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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BOSWELL, CLARENCE A.  
Address: P.O. BOX 599  
City-St-Zip: LAKE ALFRED, FL 33850

Title: D ( ) Delete  
Name: BAXTER, ESTES  
Address: P.O. BOX 599  
City-St-Zip: LAKE ALFRED, FL 33850

Title: D ( ) Delete  
Name: LONG, TOM  
Address: P.O. BOX 599  
City-St-Zip: LAKE ALFRED, FL 33850

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BOSWELL, CLARENCE A.  
Address: 342 EAST CENTRAL AVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Change ( ) Addition  
Name: PHILLIPS, PATRICIA  
Address: 342 EAST CENTRAL AVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Change ( ) Addition  
Name: LONG, TOM  
Address: 342 EAST CENTRAL AVE  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS J. LONG

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date