

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020581

FILED
Sep 11, 2008
Secretary of State

Entity Name: CFL CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

1708 NORTH RONALD REAGAN BLVD
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1708 NORTH RONALD REAGAN BLVD
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 06-1806552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, GARY M
225 PORCHESTER DR
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

AMBERSON, JOHN G
5459 GLEN OAK PLACE
SANFORD, FL 32771 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: JOHN G AMBERSON

09/11/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, GARY M
Address: 225 PORCHESTER DR
City-St-Zip: SANFORD, FL 32771 US

Title: VP () Delete
Name: AMBERSON, JOHN G
Address: 5459 GLEN OAK PLACE
City-St-Zip: SANFORD, FL 32771 VP

Title: CEO () Delete
Name: HARMON, MARK T
Address: 582 OSPREY LAKES CIRCLE
City-St-Zip: CHULUOTA, FL 32765 US

Title: VP () Delete
Name: JOHNSON, JAMES D
Address: 564 OSPREY LAKES CIRCLE
City-St-Zip: CHULUOTA, FL 32766 US

Title: VP () Delete
Name: SETTECASE, JOSEPH A
Address: 3037 WOLFE CT.
City-St-Zip: OVIEDO, FL 32765 US

Title: VP () Delete
Name: HINSON, MICHAEL W
Address: 466 AUTUMN OAKS PLACE
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN G AMBERSON

VP

09/11/2008

Electronic Signature of Signing Officer or Director

Date