

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026622

FILED
Mar 17, 2009
Secretary of State

Entity Name: F A R OF CENTRAL FLORIDA,INC

Current Principal Place of Business:

1200 RINEHART RD
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1200 RINEHART RD
SANFORD, FL 32771

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLINS, KIRBY
1200 RINEHART RD
SANFORD, FL 32771 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOGUE, JAMES
Address: 802 WIL O WIK DR
City-St-Zip: CASSELBERRY, FL 362707

Title: VP () Delete
Name: ALTE, GREG
Address: 45 CYPRESS LA
City-St-Zip: WINTER PARK, FL 32789

Title: T () Delete
Name: HOGUE, EVELYN
Address: 802 WIL O WIK DR
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: SCIARNI, MARY ANN
Address: 510 WOODFIRE WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Delete
Name: FRANCIS, MARTIN
Address: 670 SAUSALITOP BLVD
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FRANCIS, MARTIN
Address: 670 SAUSALITO BLVD
City-St-Zip: CASSELBERRY, FL 32707

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

Title: S (X) Change () Addition
Name: HOGUE, EVELYN
Address: 802 WIL O WIK DR
City-St-Zip: CASSELBERRY, FL 32707

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: JAMES HOGUE

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date