

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000053122

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA DIESEL REPAIR , INC.

**Current Principal Place of Business:**

11405 SW 162ND AVE  
BROOKER, FL 32622

**New Principal Place of Business:**

11417 NW 59TH TER  
GAINESVILLE, FL 32653

**Current Mailing Address:**

PO BOX 270  
BROOKER, FL 32622

**New Mailing Address:**

**FEI Number:** 26-2730281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, GRANT  
11405 SW 162ND AVE  
BROOKER, FL 32622 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: PSD  
Name: JONES, GRANT  
Address: 11405 SW 162ND AVE  
City-St-Zip: BROOKER, FL 32622

Title: VTD  
Name: HAGAN, CLARENCE  
Address: 10393 SW 104TH AVE.  
City-St-Zip: HAMPTON, FL 32044

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: GRANT JONES

PRES

01/10/2011

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

\_\_\_\_\_  
Date