


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P94000027962 1. Entity Name THE CONSUMER CENTER OF MID-FLORIDA, INC. |  |
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| Principal Place of Business 101 PHILIPPE PARKWAY SAFETY HARBOR, FL 34695 US | Mailing Address 101 PHILIPPE PARKWAY SAFETY HARBOR, FL 34695 US |
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DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 58-2114958 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HUDSON, ANN 101 PHILIPPE PARKWAY SAFETY HARBOR, FL 34695 | DO NOT WRITE IN THIS SPACE |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

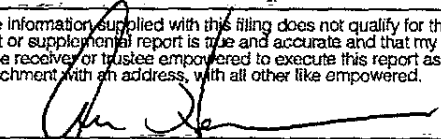
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C GEHR, DENNIS P 31 OLD SNAKE HILL ROAD POUND RIDGE, NY 10526 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HUDSON, ANN 101 PHILIPPE PARKWAY SAFETY HARBOR, FL 34695 |
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04/27/05-80015-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **04/25/05** **727-726-0844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #