

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000027962

1. Entity Name
THE CONSUMER CENTER OF MID-FLORIDA, INC.



Principal Place of Business
**101 PHILIPPE PARKWAY
SAFETY HARBOR, FL 34695 US**

Mailing Address
**101 PHILIPPE PARKWAY
SAFETY HARBOR, FL 34695 US**



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**HUDSON, ANN
101 PHILIPPE PARKWAY
SAFETY HARBOR, FL 34695**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000830035
02/26/08-80067-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	GEHR, DENNIS P
STREET ADDRESS	31 OLD SNAKE HILL ROAD
CITY-ST-ZIP	POUND RIDGE, NY 10526
TITLE	P
NAME	HUDSON, ANN
STREET ADDRESS	101 PHILIPPE PARKWAY
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature] President 01/31/08 727-726-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #