

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043566

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: AEGEAN OF CENTRAL FLORIDA, INC.

## Current Principal Place of Business:

900 E. WILDMERE AVE  
SUITE 5  
LONGWOOD, FL 32750 US

## Current Mailing Address:

900 E. WILDMERE AVE  
SUITE 5  
LONGWOOD, FL 32750 US

FEI Number: 59-3383635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WETTACH, JOSEPH C.L.  
315 E ROBINSON ST  
SUITE 600  
ORLANDO, FL 32801 US

## New Principal Place of Business:

498 PALM SPRINGS DRIVE  
100  
ALTAMONTE SPRINGS, FL 32701 US

## New Mailing Address:

498 PALM SPRINGS DRIVE  
100  
ALTAMONTE SPRINGS, FL 32701 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: D ( ) Delete  
Name: SHUFFIELD, W. CHARLES  
Address: 315 E ROBINSON ST  
City-St-Zip: ORLANDO, FL 32801

Title: P ( ) Delete  
Name: VU, HOA M  
Address: 900 E. WILDMERE AVE  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition  
Name: VU, HOA M  
Address: 498 PALM SPRINGS DRIVE, SUITE 100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HOA MAI VU

O

04/30/2004

Electronic Signature of Signing Officer or Director

Date