

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90069 040 \*\*\*150.00

**DOCUMENT # P94000065032**

1. Entity Name

PARK & SHOP OF CENTRAL FLORIDA, INC.



Principal Place of Business

329 SANFORD AVE.  
SANDFORD FL 32771

Mailing Address

329 SANFORD AVE.  
SANDFORD FL 32771

00000000



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3273014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRABULSY, SY  
329 SANFORD AVE  
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME TRABULSY, SY. E  
STREET ADDRESS 462 FORESTWOOD LANE  
CITY-ST-ZIP MAITLAND FL

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME SY. E. TRABULSY  
STREET ADDRESS 275 ROLLINGWOOD TRL.  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE T ☐ Delete  
NAME TRABULSY JULIA  
STREET ADDRESS 2812 SALISBURY BLVD.  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME SY C. TRABULSY  
STREET ADDRESS 275 ROLLINGWOOD TRL  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE VP ☐ Delete  
NAME TRABULSY, SOLOMON  
STREET ADDRESS 2812 SALSURY BLVD  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE SECRETARY ☐ Change ☒ Addition  
NAME SAMMER BAJJALI  
STREET ADDRESS 329 SANFORD AVE.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: SY E. TRABULSY PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 21, 2005 (417) 321-9599