

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000007992**

1. Entity Name  
**CENTRAL FLORIDA MANAGEMENT, INC.**



Principal Place of Business

2523 US 27TH SOUTH  
#208  
AVON PARK, FL 33825 US

Mailing Address

2523 US 27TH SOUTH  
STE #208  
AVON PARK, FL 33825 US



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0548581**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCCOLLUM & JOHNSON, P.A.  
129 SOUTH COMMERCE AVE.  
SEBRING, FL 33870

**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

*Registered Agent Signature*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000080065  
03/08/04-80034-003 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEETHARAMIAH, PRAKASH 2523 US 27TH SOUTH #208 AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEETHARAMIAH, INDRANI 2523 US 27TH SOUTH #208 AVON PARK, FL
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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 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 powers empowered.

**SIGNATURE:**

*Prakash Seetharamiah*

**PRAKASH SEETHARAMIAH**

(863) 452-0566

02-25-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #