## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 08:00 AM Secretary of State

ANNUAL REPORT				red 21, 2005 00:00 A			
DOCUMENT # P95000028789  1. Entity Name CENTRAL FLORIDA INSPECTION & FLOOR COVERING TECHNICAL SERVICES, INC.				Secretary of State			
Principal Plac 132 AVENUE WINTER HAV	EESW	lauing Address 132 AVENUE E SW WINTER HAVEN, FL 33880					
D	OO NOT WRITE II		CE	01182005 4. FEI Numb 65-057		CR2E034 (10/	Applied For Not Applicable
132 AVEN	6. Name and Address of Current Regis R, JAMES H UE E SW HAVEN, FL 33880	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  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  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees	Unnng: 02/21/05	)237440 -80 <u>05</u> 5- <u>02</u> 4	150.00
10.  TITLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICKNER, JAMES H 132 AVE E SW WINTER HAVEN, FL 33880	CTORS			NOT W THIS SF		
TITLE NAME STREET ADDRESS							•

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2005 (863) 294-1968
Date Dayline Phone \*