

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90077 025 ***158.75

DOCUMENT # P95000033694

1. Entity Name
CENTRAL FLORIDA REAL ESTATE CONNECTION, INC.



Principal Place of Business
**1950 LEE ROAD
STE 125
WINTER PARK, FL 32789 US**

Mailing Address
**1950 LEE ROAD
STE 125
WINTER PARK, FL 32789 US**

2. Principal Place of Business - No P.O. Box #

7056 Dudley Ave

3. Mailing Address

P O Box 428

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007

Chg-P

CR2E034 (12/06)



City & State

MOUNT DORA, FL

City & State

TAMPA, FL

4. FEI Number

59-3314978

Applied For

Not Applicable

Zip

32757

Country

ORANGE

Zip

32777-0428

Country

ORANGE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAPIERRE, GEORGE
7056 DUDLEY AVE
MOUNT DORA, FL 32757**

7. Name and Address of New Registered Agent

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

George W. Lapiere

(NOTE: Registered Agent signature required when reinstating)

4/30/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAPIERRE, GEORGE W	
STREET ADDRESS	7056 DUDLEY AVE	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

George W. Lapiere

4/30/07