



**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

**6000000000**

<div style="text-align: right; font-weight: bold; font-size: 1.2em;">DOCUMENT # P95000037185</div> <div>1. Entity Name CENTRAL FLORIDA DIRECTORY PUBLICATIONS, INC.</div>																																										
<div>Principal Place of Business 11012 SW 58TH AVE RD OCALA, FL 34476 US</div> <div>Mailing Address 11012 SW 58TH AVE RD OCALA, FL 34476 US</div>		<div>01-30-2006 90049 041 ***150.00</div> <div style="font-size: 1.5em; font-weight: bold;">00000000</div> <div></div>																																								
DO NOT WRITE IN THIS SPACE		<div>01082006    No Chg-P    CR2E034 (11/05)</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 59-3317285</td><td style="width:20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input type="checkbox"/>    \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-3317285	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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<div>6. Name and Address of Current Registered Agent</div> <div>COLSON, CECELIA A 11012 SW 58TH AVE RD OCALA, FL 34476</div>		DO NOT WRITE IN THIS SPACE																																								
<div>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.</div> <div>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____</div>																																										
<div>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</div>		<div>9. Election Campaign Financing Trust Fund Contribution.    <input type="checkbox"/>    \$5.00 May Be Added to Fees</div>																																								
<div>10. OFFICERS AND DIRECTORS</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td>PST</td></tr><tr><td>NAME</td><td>COLSON, CECELIA A</td></tr><tr><td>STREET ADDRESS</td><td>11012 S.W. 58TH AVE. RD.</td></tr><tr><td>CITY- ST- ZIP</td><td>OCALA, FL 34476</td></tr><tr><td>TITLE</td><td>CEO</td></tr><tr><td>NAME</td><td>HERBERTH. COLSON</td></tr><tr><td>STREET ADDRESS</td><td>11012 SW 58th Ave Rd</td></tr><tr><td>CITY- ST- ZIP</td><td>OCALA, FL 34476</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	PST	NAME	COLSON, CECELIA A	STREET ADDRESS	11012 S.W. 58TH AVE. RD.	CITY- ST- ZIP	OCALA, FL 34476	TITLE	CEO	NAME	HERBERTH. COLSON	STREET ADDRESS	11012 SW 58th Ave Rd	CITY- ST- ZIP	OCALA, FL 34476	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE
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<div>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.</div> <div>SIGNATURE: <u>Cecelia Colson</u>    Date: <u>1/16/06</u>    Daytime Phone #: <u>352-861-6368</u></div> <div style="font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>																																										