2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000094544

1. Entity Name
SOUTHERN RACK AND LADDER OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
2158 S ORANGE BLOSSOM TRAIL APOPKA, FL 32703	2158 S ORANGE BLOSSOM TRAIL SUITE 101 APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

02242007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3353358	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

DELUCA, ANGELO JR
3237 LITTLE JOE CT
APOPKA, FL 32712

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, 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
NAME	DELUCA, ANGELO J JR
STREET ADDRESS	3237 LITTLE JOE CT
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	S
NAME	DELUCA, GERALDINE
STREET ADDRESS	931 LAKESIDE DR
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000647435
03/06/07-80072-014 150.00

DO NOT WRITE IN THIS SPACE

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: *Geraldine De Luca (Secretary)*   2/23/07   407-886-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

GERALDINE DeLUCA