

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # P95000094544 1. Entity Name SOUTHERN RACK AND LADDER OF CENTRAL FLORIDA, INC.					
Principal Place of Business 2158 S ORANGE BLOSSOM TRAIL APOPKA FL 32703			Mailing Address 2158 S ORANGE BLOSSOM TRAIL SUITE 101 APOPKA FL 32703		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)	
City & State		City & State			
Zip		Zip			
Country		Country			
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	
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 _____ DATE _____ (NOTE: Registered Agent signature required when filing this report.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust For d Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELUCA, ANGELO J JR 3237 LITTLE JOE CT APOPKA FL 32712	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000800871 01/31/08-80033-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELUCA, GERALDINE 931 LAKESIDE DR APOPKA FL 32712	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELUCA, GERALDINE 931 LAKESIDE DR APOPKA FL 32712	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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)* 1/25/08 407-886-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR