


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000008275 1. Entity Name CENTRAL FLORIDA SKAMPERS, INC.	
---	---

Principal Place of Business 513 S. MAGNOLIA AVE. OCALA, FL 34474	Mailing Address 513 S. MAGNOLIA AVE. OCALA, FL 34474
--	--

DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3360546	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRYANT, WILLIAM B
513 S. MAGNOLIA AVE.
OCALA, FL 34474**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, WILLIAM B 513 S. MAGNOLIA AVE. OCALA, FL 34474
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000881124
04/15/08-80087-023 150.00

**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: William Bryant **William Bryant** (352) 368-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date 4-2-08 Daytime Phone #