2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000038206

Entity Name: CENTRAL FLORIDA OUTDOOR MALL, INC.

FILED Feb 07, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
4121 NW - OCALA, F	44TH AVE. L 34482 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
PO BOX 3 OCALA, F				
FEI Number	: 59-3453611 FEI Number Applied Fo	r() FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and	l Address of Current Registered Ag	jent: Name and Address o	f New Registered Agent:	
OCALA, F	44TH AVENUE L 34482 US	for the purpose of changing its registered	d office or registered agent, or both	
	e of Florida.	for the purpose of changing its registered	d office of registered agent, or both,	
SIGNATUI				
	Electronic Signature of Registe	ered Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution	().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () Delete SEYLER, EDWARD K 707 NE 25TH AVE OCALA, FL 34470	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () Delete GREENE, C RAY III 11514 E. HWY 316 FT MCCOY, FL 32134	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete PAULEY, GARY W 4121 NW 44TH AVE OCALA, FL 34482	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () Delete GREENE, SUE 11514 E. HWY. 316 FORT MC COY, FL 32134	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	AS () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: C. RAY GREENE, III DST 02/07/2005

12990 SE 53RD LANE

MORRISTON, FL 32668

Address: City-St-Zip: