

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90026 050 ***150.00

DOCUMENT # P97000057599

1. Entity Name
GENERAL ECLECTIC OF CENTRAL FLORIDA, INC.



Principal Place of Business
**151 N ORLANDO AVE
220
WINTER PARK, FL 32789**

Mailing Address
**151 N ORLANDO AVE
220
WINTER PARK, FL 32789**

2. Principal Place of Business
151 N. ORLANDO AVE
Suite, Apt. #, etc.
119

3. Mailing Address
151 N. ORLANDO AVE
Suite, Apt. #, etc.
119

City & State
WINTER PARK, FL

City & State
WINTER PARK, FL

Zip
32789

Country
USA

Zip
32789

Country
USA

01182006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3457666

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VITI, VICTOR V
151 N ORLANDO AVE
220
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name **VITI, VICTOR V**
Street Address (P.O. Box Number is Not Acceptable)

151 N. ORLANDO AVE #119

City **WINTER PARK** FL Zip Code **32789**

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 **VICTOR V. VITI** **VICTOR V. VITI** **4/5/06**
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME **VITI, VICTOR V**
STREET ADDRESS **151 N ORLANDO AVE, # 220**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME **VITI, VICTOR V**
STREET ADDRESS **151 N. ORLANDO AVE #119**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **VICTOR V. VITI** **VICTOR V. VITI** **4-5-06** **407 645 3743**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #