

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90092 016 ***150.00

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03122007 Chg-P CR2E034 (12/06)

DOCUMENT # P97000057599			
1. Entity Name GENERAL ECLECTIC OF CENTRAL FLORIDA, INC.			
Principal Place of Business 151 N ORLANDO AVE 119 WINTER PARK, FL 32789		Mailing Address 151 N ORLANDO AVE 119 WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # 10151 CHESHAM DR.		3. Mailing Address 10151 CHESHAM DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32817	Country	Zip 32817	Country
4. FEI Number 59-3457666		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VITI, VICTOR V 151 N ORLANDO AVE 119 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) 10151 CHESHAM DR. City ORLANDO FL Zip Code 32817	
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 <u>VICTOR V. VITI</u> DATE <u>3/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VITI, VICTOR V 151 N ORLANDO AVE 119 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VITI, VICTOR V 10151 CHESHAM DR ORLANDO, FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>VICTOR V. VITI</u>		DATE: <u>3/16/07</u> DAYTIME PHONE: <u>407 657 6239</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE	