

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000095473

FILED
May 22, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA TRANSCRIPTION & DATA SERVICES, INC.

Current Principal Place of Business:

2602 NEWBOLT DRIVE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

PO BOX 677008
ORLANDO, FL 32867

New Mailing Address:

FEI Number: 59-3477763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINNEY, KEVIN M
2602 NEWBOLT DRIVE
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: KINNEY, KEVIN M
Address: 2602 NEWBOLT DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: VTD () Delete
Name: AMICO, ROBERT
Address: 5351 MILL STREAM CT
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ROBERT AMICO

VTD

05/22/2008

Electronic Signature of Signing Officer or Director

Date