

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90350 033 ***158.75

DOCUMENT # P98000003515

1. Entity Name

CENTRAL FLORIDA INSTITUTE, INC.



Principal Place of Business

5411 WEST TYSON AVENUE
TAMPA, FL 33611

Mailing Address

5411 WEST TYSON AVENUE
TAMPA, FL 33611



04222004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3486058

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEARNEY, JOHN E SR.
5411 WEST TYSON AVENUE
TAMPA, FL 33611

**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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	TOMION, JON
STREET ADDRESS	5411 W. TYSON AVE.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	CEO / President / Director
NAME	KEARNEY, JOHN E SR
STREET ADDRESS	5411 W. TYSON AVE.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	Director
NAME	MCCLOY, ALFRED A
STREET ADDRESS	5411 W. TYSON AVE.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	VST / Director
NAME	KEARNEY, JOHN E JR
STREET ADDRESS	5411 W. TYSON AVE.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	Vice President
NAME	MCCLOY, ALFRED G
STREET ADDRESS	5411 W. TYSON AVE.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

John E. Kearney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2004 813-831-4490