

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

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**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3486058

Applied For
Not Applicable

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000874348
04/10/08-80113-018 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOMION, JON 5411 W. TYSON AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD KEARNEY, JOHN E SR 5411 W. TYSON AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLOY, ALFRED A 5411 W. TYSON AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KEARNEY, JOHN E JR 5411 W. TYSON AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-08

Date

Daytime Phone #

(813) 831-4490

John E. Kearney, President