

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000036155**

1. Entity Name  
**CENTRAL FLORIDA LAND DESIGN CORPORATION**



Principal Place of Business  
**670 N. ORLANDO AVE  
1004B  
MAITLAND, FL 32751 US**

Mailing Address  
**670 N. ORLANDO AVE  
1004B  
MAITLAND, FL 32751 US**



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3507057**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MAYNARD, RUSSELL C  
670 N. ORLANDO AVE  
STE 1004B  
MAITLAND, FL 32751**

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000163042  
07/02/04-80002-001 558.75

**10. OFFICERS AND DIRECTORS**

TITLE	DPTS
NAME	MAYNARD, RUSSELL C
STREET ADDRESS	670 N ORLANDO AVE #1004B
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	V
NAME	PLANK, MONTJE S
STREET ADDRESS	670 N ORLANDO AVE #1004B
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PRES. Russell C. Maynard 7-1-04**

**407 597 7009**