

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P98000049376

1. Entity Name
CENTRAL FLORIDA CUSTOM TANKS, INC.



Principal Place of Business
**P.O. BOX 916
TAVARES, FL 32778-0916**

Mailing Address
**P.O. BOX 916
TAVARES, FL 32778-0916**



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3530190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA, ABEL
15049 OLD 441
TAVARES, FL 32778**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ABEL 30834 TULIP AVE EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, MARY J 30834 TULIP AVE EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTTON, DENNIS 15236 OLD 441 TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUTTON, FRANCES 15236 OLD 441 TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/14/07-80062-023 150.00

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

Mary J. Garcia **MARY J. Garcia** 4/27/07 352-253-0163
Date Daytime Phone #