


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90024 008 ***150.00

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	



2. Principal Place of Business / No P.O. Box # 15049 Old 441	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State Tavares FL	City & State	4. FEI Number 59-3530190	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 32778	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GARCIA, ABEL 15049 OLD 441 TAVARES FL 32778		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GARCIA, ABEL		NAME	
STREET ADDRESS 30834 TULIP AVE		STREET ADDRESS	
CITY-ST-ZIP EUSTIS FL 32736		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GARCIA, MARY J		NAME	
STREET ADDRESS 30834 TULIP AVE		STREET ADDRESS	
CITY-ST-ZIP EUSTIS FL 32736		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DUTTON, DENNIS		NAME	
STREET ADDRESS 15236 OLD 441		STREET ADDRESS	
CITY-ST-ZIP TAVARES FL 32778		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DUTTON, FRANCES		NAME	
STREET ADDRESS 15236 OLD 441		STREET ADDRESS	
CITY-ST-ZIP TAVARES FL 32778		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary Garcia Mary Garcia 4/29/08 352.253.0163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #