2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000049376

Surrent Bringing Blood of Buginess

Entity Name: CENTRAL FLORIDA CUSTOM TANKS, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
15049 OLD 441	

TAVARES, FL 32778

Current Mailing Address: New Mailing Address:

P.O. BOX 916 TAVARES, FL 327780916

FEI Number: 59-3530190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, ABEL 15049 OLD 441 TAVARES, FL 32778 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

New Principal Block of Business

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: GARCIA, ABEL GARCIA, ABEL

 Address:
 30834 TULIP AVE
 Address:
 29546 DIVISION STREET

 City-St-Zip:
 EUSTIS, FL 32736
 City-St-Zip:
 TAVARES, FL 32778

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 GARCIA, MARY J
 Name:
 GARCIA, MARY J

 Address:
 30834 TULIP AVE
 Address:
 29546 DIVISION STREET

 City-St-Zip:
 EUSTIS, FL 32736
 City-St-Zip:
 TAVARES, FL 32778

 Name:
 DUTTON, DENNIS
 Name:
 DUTTON, DENNIS

 Address:
 15236 OLD 441
 Address:
 31205 THREE PALMS LANE

Address: 15236 OLD 441 Address: 31205 THREE PALMS LANE
City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778

Title: S () Delete Title: S (X) Change () Addition Name: DUTTON, FRANCES DUTTON, FRANCES

 Name:
 DUTTON, FRANCES
 Name:
 DUTTON, FRANCES

 Address:
 15236 OLD 441
 Address:
 31205 THREE PALMS LANE

 City-St-Zip:
 TAVARES, FL 32778
 City-St-Zip:
 TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY GARCIA VP 04/27/2009