

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000049376

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA CUSTOM TANKS, INC.

**Current Principal Place of Business:**

15049 OLD 441  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 916  
TAVARES, FL 327780916

**New Mailing Address:**

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

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

GARCIA, ABEL  
15049 OLD 441  
TAVARES, FL 32778      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARCIA, ABEL  
Address: 30834 TULIP AVE  
City-St-Zip: EUSTIS, FL 32736

Title: VP ( ) Delete  
Name: GARCIA, MARY J  
Address: 30834 TULIP AVE  
City-St-Zip: EUSTIS, FL 32736

Title: D ( ) Delete  
Name: DUTTON, DENNIS  
Address: 15236 OLD 441  
City-St-Zip: TAVARES, FL 32778

Title: S ( ) Delete  
Name: DUTTON, FRANCES  
Address: 15236 OLD 441  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GARCIA, ABEL  
Address: 29546 DIVISION STREET  
City-St-Zip: TAVARES, FL 32778

Title: VP (X) Change ( ) Addition  
Name: GARCIA, MARY J  
Address: 29546 DIVISION STREET  
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change ( ) Addition  
Name: DUTTON, DENNIS  
Address: 31205 THREE PALMS LANE  
City-St-Zip: TAVARES, FL 32778

Title: S (X) Change ( ) Addition  
Name: DUTTON, FRANCES  
Address: 31205 THREE PALMS LANE  
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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date