

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000051406

1. Entity Name
INVESTMENT ADVISORS OF CENTRAL FLORIDA, INC.



Principal Place of Business
1407 E ROBINSON ST
ORLANDO, FL 32801

Mailing Address
1407 E ROBINSON ST
ORLANDO, FL 32801



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3516878

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BENSEY, MICHAEL L
1407 E ROBINSON ST
ORLANDO, FL 32801

**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 restate.) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

000000793854
01/25/08-80025-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENSEY, MICHAEL L
STREET ADDRESS	1407 E ROBINSON ST
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VPD
NAME	CAHILL, G. SCOTT
STREET ADDRESS	1407 E ROBINSON ST
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	STD
NAME	VAUGHN, E. HARDY JR.
STREET ADDRESS	1407 E ROBINSON ST
CITY-ST-ZIP	ORLANDO, FL 32801
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 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

1-17-08 407-898-2540
Date Daytime Phone #