

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000069115

1. Entity Name
NO CO OF CENTRAL FLORIDA, INC.



FILED
Feb 28, 2005 08:00 AM
Secretary of State

Principal Place of Business
**209 FARRINGTON LANE
KISSIMMEE, FL 34744**

Mailing Address
**209 FARRINGTON LANE
KISSIMMEE, FL 34744**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3525983

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SIBLEY, SALLY
209 FARRINGTON LANE
KISSIMMEE, FL 34744**

**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, 2005 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
**D
MCNALLY, BRIAN G
3410 GALAXY WAY
ORLANDO, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCNALLY, DAWN
3410 GALAXY WAY
ORLANDO, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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10/23/05-50042-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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

BRIAN MCNALLY

Date

2/17/05

Daytime Phone #