


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90067 045 ***150.00

DOCUMENT # P99000050583 1. Entity Name CENTRAL FLORIDA CELLULAR & ELECTRONICS, INC.					
Principal Place of Business 111 - 6TH STREET NW WINTER HAVEN, FL 33881			Mailing Address 111 - 6TH STREET NW WINTER HAVEN, FL 33881		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Suite, Apt. #, etc. 9482 WATERFORD OAKS DRIVE			
Suite, Apt. #, etc.		City & State WINTER HAVEN FL			
Zip 33884	Country	Zip 33884	Country FL	4. FEI Number 59-3579617	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ESPOSITO, JOSEPH M 2219 PALMVIEW CIR. AUBURNDAL, FL 33823			7. Name and Address of New Registered Agent Name ESPOSITO JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 9482 WATERFORD OAKS DRIVE City WINTER HAVEN FL Zip Code 33884		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME ESPOSITO, JOSEPH M		TITLE P	NAME ESPOSITO JOSEPH M	
STREET ADDRESS 2219 PALMVIEW CIR.	CITY-ST-ZIP AUBURNDAL, FL 33823		STREET ADDRESS 9482 WATERFORD OAKS DRIVE	CITY-ST-ZIP WINTER HAVEN FL 33884	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 an other like empowered.					
SIGNATURE: _____			3/22/07 863-293-6747 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					