## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000052101

Title:

Name:

Address:

City-St-Zip:

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KLEIDER, ITHZIK

( ) Delete

108 OCEAN BLUFF DRIVE

KISSIMMEE, FL 34759

Entity Name: CENTRAL FLORIDA RESORT SERVICES, INC.

FILED Apr 23, 2008 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business: 11860 W STATE ROAD 84 502 PARSLEY COURT KISSIMMEE, FL 34759 B-15 DAVIE, FL 33325 **New Mailing Address: Current Mailing Address:** 11860 W STATE ROAD 84 502 PARSLEY COURT B-15 KISSIMMEE, FL 34759 DAVIE, FL 33325 FEI Number: 65-0937725 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: GILBERT, EDWARD H PA 5100 TOWN CENTER CIRCLE 430 BOCA RATON, FL 33486 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DAVENPORT, RICHARD Name: Name: 16335 MARIPOSA CIR. N. Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33331 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: GOLAN, AMNON Name: 19111 COLLINS AVENUE #801 Address: Address: SUNNY ISLES BEACH, FL 33160 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition DAVENPORT, STEVEN Name: Name: 18065 SW 82 AVE. Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD DAVENPORT P 04/23/2008

(X) Change ( ) Addition

KLEIDER, ITHZIK

KISSIMMEE, FL 34759

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