

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052101

FILED
Apr 30, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA RESORT SERVICES, INC.

Current Principal Place of Business:

502 PARSLEY COURT
KISSIMMEE, FL 34759

New Principal Place of Business:

449 BAY LEAF DRIVE
KISSIMMEE, FL 34759

Current Mailing Address:

502 PARSLEY COURT
KISSIMMEE, FL 34759

New Mailing Address:

449 BAY LEAF DRIVE
KISSIMMEE, FL 34759

FEI Number: 65-0937725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILBERT, EDWARD H PA
5100 TOWN CENTER CIRCLE
430
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

PARSONS, DEBORAH S
449 BAY LEAF DRIVE
KISSIMMEE, FL 34759 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: D PARSONS

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: DAVENPORT, RICHARD
Address: 16335 MARIPOSA CIR. N.
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: P () Delete
Name: GOLAN, AMNON
Address: 19111 COLLINS AVENUE #801
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP () Delete
Name: DAVENPORT, STEVEN
Address: 18065 SW 82 AVE.
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: KLEIDER, ITHZIK
Address: 535 ANISE
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change () Addition
Name: DAVENPORT, RICHARD
Address: 15013 SUMMIT PLACE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KLEIDER, ITHZIK
Address: 451 BAY LEAF DRIVE
City-St-Zip: KISSIMMEE, FL 34759

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: RICHARD DAVENPORT

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date