

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90343 028 \*\*\*150.00

**DOCUMENT # P99000093478**

1. Entity Name

CARBERRY DEVELOPMENT OF CENTRAL FLORIDA, INC.



Principal Place of Business

401 SUNNYTOWN RD  
SUITE 102  
CASSELBERRY FL 32707

Mailing Address

PO BOX 518  
WINTERPARK FL 32790



2. Principal Place of Business

611 N. WYMORE RD.

3. Mailing Address

Suite, Apt. #, etc.

219

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

Zip

32789

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3606723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

WILLIAM J. SPITLER

Street Address (P.O. Box Number is Not Acceptable)

611 N. WYMORE RD

STE. 219

City

WINTER PARK

FL

Zip Code

32789

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

*W. Spitler* WILLIAM J. SPITLER

1/18/06

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SPITLER, WILLIAM J  
STREET ADDRESS 1551 HARRIS CIRCLE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE S ☐ Delete  
NAME SPITLER, SHEILA  
STREET ADDRESS 1551 HARRIS CIR  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE VP ☐ Delete  
NAME SPITLER, ROBERT P  
STREET ADDRESS 410 BROADWAY #3  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*W. Spitler* WILLIAM J. SPITLER  
PRES

1/18/06 407-478-0959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #