


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P99000099562 1. Entity Name CENTRAL FLORIDA SALES AND LEASING, INC.	
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Principal Place of Business 9126 BACHMAN ROAD ORLANDO, FL 32824	Mailing Address 9126 BACHMAN ROAD ORLANDO, FL 32824
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3608174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BINNS, ROBERT H
9126 BACHMAN ROAD
ORLANDO, FL 32824

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BINNS, ROBERT H 9126 BACHMAN ROAD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BINNS, ROXANE L 9126 BACHMAN ROAD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BINNS, ROBERT H 9126 BACHMAN RD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Kas 115 3-19-08 407-438-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #