

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # S00813

1. Entity Name

CENTRAL FLORIDA RESOURCES, INC.



Principal Place of Business

**405 HORSESHOE LANE
WINTER HAVEN, FL 33881**

Mailing Address

**405 HORSESHOE LANE
WINTER HAVEN, FL 33881**



04122006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3028372

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPEER, ROBERT S
405 HORSESHOE LANE
WINTER HAVEN, FL 33881**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution.



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

10.

OFFICERS AND DIRECTORS

TITLE

P

NAME

SPEER, ROBERT S

STREET ADDRESS

405 HORSESHOE LANE

CITY-ST-ZIP

WINTER HAVEN, FL 33881

TITLE

S

NAME

SPEER, KAREN L

STREET ADDRESS

405 HORSESHOE LANE

CITY-ST-ZIP

WINTER HAVEN, FL 33881

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

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CITY-ST-ZIP

TITLE

**U00000520872
05/02/06-80113-009 150.00**

**DO NOT WRITE
IN THIS SPACE**

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 reported 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 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 accompanied with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karen Speer **Karen Speer**

4-18-06 863 297-4225