

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113951

Entity Name: CENTRAL FLORIDA FORMS SERVICE INC

Current Principal Place of Business:

185 S WESTMONTE DR
1216
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

185 S WESTMONTE DR
1216
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-3627263

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERREIRA, AUGUSTO
185 S WESTMONTE DR
1216
ALTAMONTE SPRINGS, FL 32714 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

Officer/Director Detail :

Title PT
Name FERREIRA, AUGUSTO
Address 185 S WESTMONTE DR SUITE 1216
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SVP
Name FERREIRA, ADELAIDE
Address 2109 CLUSTER BRANCH CT
City-State-Zip: LONGWOOD FL 32779

I hereby 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 all other like empowered.

SIGNATURE: AUGUSTO FERREIRA

PT

03/28/2015

Electronic Signature of Signing Officer/Director Detail

Date