

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 372432

FILED
Jan 07, 2005
Secretary of State

Entity Name: CENTER BROS., INC. OF FLORIDA

Current Principal Place of Business:

4020 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22278
SAVANNAH, GA 31403

New Mailing Address:

FEI Number: 58-1048227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUTEN, HENRY W, JR
100 CARRIAGE LAMP WAY
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: CENTER, LEO E
Address: #3 WINDLESS CT
City-St-Zip: SAVANNAH, GA 31411

Title: P () Delete
Name: MAY, CHARLES S,
Address: 640 DONALD ROSS WAY
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: TUTEN, HENRY W. JR.,
Address: 100 CARRIAGE LAMP WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: DIONNE, MICHAEL T
Address: 124 BORDEAUX LN
City-St-Zip: SAVANNAH, GA 31419

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL T. DIONNE

S

01/07/2005

Electronic Signature of Signing Officer or Director

_____ Date