


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # 403089
 1. Entity Name
CENTRAL CONSTRUCTION CORPORATION



Principal Place of Business Mailing Address
 1431 7TH ST. P O BOX 8337
 SOUTHPORT, FL 32409 US SOUTHPORT, FL 32409-8337

DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1412959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWELL, JESSE A
 (PO BOX 8337) 1431 7TH ST
 SOUTHPORT, FL 32409

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWELL, KENNETH A 1431 7TH ST SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NEWELL, KATHRYN 1431 7TH STREET, P.O. BOX 8337 SOUTHPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWELL, JESSE R 1431 7TH ST SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWELL, JESSE A 1431 7TH ST SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/03/08-80052-016 150.00

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: *Kathryn Newell* 3/13/08 850.265-5133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #