

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 452368
 1. Entity Name
 FLORIDA CENTRAL CONTROL, INC.



Principal Place of Business
 5803 GREENVILLE AVE.
 DALLAS, TX 75206

Mailing Address
 5803 GREENVILLE AVE.
 DALLAS, TX 75206



01182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1537830

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, W.T.
 9030 W. FORT ISLAND TRAIL, BLDG. 5
 CRYSTAL RIVER, FL 32629

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	VSD MOSER, PAUL 5803 GREENVILLE AVE DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOESSNER, K F, JR 5803 GREENVILLE AVE DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, VESTER T JR 5803 GREENVILLE AVE DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 Paul Moser **Paul Moser** 1/19/04 214 696 6541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #