

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 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

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

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

**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 \_\_\_\_\_ (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, 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	VSD
NAME	MOSER, PAUL
STREET ADDRESS	5803 GREENVILLE AVE
CITY-ST-ZIP	DALLAS, TX
TITLE	T
NAME	STOESSNER, K F, JR
STREET ADDRESS	5803 GREENVILLE AVE
CITY-ST-ZIP	DALLAS, TX
TITLE	D
NAME	HUGHES, VESTER T JR
STREET ADDRESS	5803 GREENVILLE AVE
CITY-ST-ZIP	DALLAS, TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000384832  
 01/17/06-80031-012 150.00

**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/9/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #