

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000921

FILED
Jan 21, 2009
Secretary of State

Entity Name: CENTRAL PROPERTY DEVELOPMENT, INC.

Current Principal Place of Business:

2027 RUST AVENUE
SAGINAW, MI 48601

New Principal Place of Business:

Current Mailing Address:

2027 RUST AVENUE
SAGINAW, MI 48601

New Mailing Address:

FEI Number: 38-1497792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, SARAH
13340 PURPLE FINCH CIRCLE
LAKEWOOD RANCH, FL 34202 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: CHRM () Delete
Name: STROBEL, JOHN F
Address: 2027 RUST AVENUE
City-St-Zip: SAGINAW, MI 48601

Title: PT () Delete
Name: STROBEL, JOHN F
Address: 2027 RUST AVENUE
City-St-Zip: SAGINAW, MI 48601

Title: VCHR () Delete
Name: GRANT, JAMES
Address: 2027 RUST AVENUE
City-St-Zip: SAGINAW, MI 48601

Title: D () Delete
Name: WATERS, SUSAN
Address: 2027 RUST AVENUE
City-St-Zip: SAGINAW, MI 48601

Title: D () Delete
Name: GARDEY, JON
Address: 2027 RUST AVENUE
City-St-Zip: SAGINAW, MI 48601

Title: D () Delete
Name: HUEBNER, TERRI
Address: 2027 RUST AVENUE
City-St-Zip: SAGINAW, MI 48601

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
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City-St-Zip:

Title: () Change () Addition
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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 exemption stated 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 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: TERRI HUEBNER

D

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date