

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000921

FILED  
Jan 18, 2010  
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  
Name: STROBEL, JOHN F  
Address: 2027 RUST AVENUE  
City-St-Zip: SAGINAW, MI 48601

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: TERRI HUEBNER

D

01/18/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date