2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 05, 2005 08:00 AM Secretary of State **DOCUMENT # F99000002722** PENN/CENTRAL CORPORATION Principal Place of Business Mailing Address PO BOX 988 PO BOX 988 HARRISBURG, PA 17108 HARRISBURG, PA 17108 06302005 *No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 23-2470030 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DONAGHER JR, DONALD C DO NOT WRITE 204 GRAND POINTE DR PALM BEACH, FL 23418 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150,00 **\$5.00** May Be In accordance with s. 607 193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE NAME TEMPLIN, RICHARD S STREET ADDRESS 916 SOUTH 14TH STREET HARRISBURG, PA CITY-ST-ZIP U00000370311 07/05/05-80010-020 158.75 CEO TITLE DONAGHER JR, DONALD C NAME STREET ADDRESS 204 GRAND POINTE DR CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THE IN THIS SPACE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME

12. Thereby 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 Settly 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 at achieve the anadress, with all other like empowered.

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING	molu OFFICER OR DIRECTOR

STREET ADDRESS CITY - ST - ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

6/30/05 (717) 238 7124

FILED