
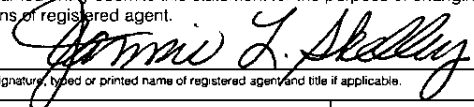


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90348 005 \*\*\*150.00

<b>DOCUMENT # P98000025982</b>			
1. Entity Name <b>PARK CENTRAL COMMUNITY DEVELOPMENT CORPORATION</b>			
Principal Place of Business <b>5154 CITY STREET ORLANDO, FL 32839</b>		Mailing Address <b>5154 CITY STREET ORLANDO, FL 32839</b>	
2. Principal Place of Business		3. Mailing Address <b>319 N MAGNOLIA AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>ORLANDO FL</b>	
Zip	Country	Zip	Country
<b>32801</b>	<b>USA</b>	<b>32801</b>	<b>USA</b>
04122004		Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-3500212</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
SLATER, JOEL K 5145 CITY ST ORLANDO, FL 32839		Name <b>JEANNIE L. SKELLEY</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>319 N MAGNOLIA AVE</b>	
		City <b>ORLANDO</b>	
		State <b>FL</b>	
		Zip Code <b>32801</b>	
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 		DATE <b>4/15/04</b>	
SIGNATURE: <i>Jeannie L. Skelley</i>		DATE: <b>4/15/04</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORTON, PAUL		NAME	
STREET ADDRESS 1090 DON MILLS ROAD, SUITE 600, DON MILLS,		STREET ADDRESS	
CITY-ST-ZIP ONTARIO, CANADA M3C3R6,		CITY-ST-ZIP	
TITLE DPAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORTON, HENRY		NAME	
STREET ADDRESS 1090 DON MILLS ROAD, SUITE 600, DON MILLS,		STREET ADDRESS	
CITY-ST-ZIP ONTARIO, CANADA M3C3R6,		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDBERG, LAURENCE		NAME	
STREET ADDRESS 181 BAY ST., STE 2500		STREET ADDRESS	
CITY-ST-ZIP TORONTO ONTARION, msj 277		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SLATER, JOEL K		NAME	
STREET ADDRESS 5145 CITY STREET		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32839		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Joel K Slater</i>		DATE: <b>4/15/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # <b>407-902-2502</b>	