

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90009 027 ***150.00

DOCUMENT # P01000120183

1. Entity Name
100 CENTRAL, INC.



Principal Place of Business
100 E CENTRAL BLVD
ORLANDO, FL 32801

Mailing Address
100 E CENTRAL BLVD
ORLANDO, FL 32801

54054515



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0580722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARLOW, TOM A
106 N SUMMERLIN AVE
ORLANDO, FL 32801

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MARKU, TOM A
106 N. SUMMERLIN AVE.
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MAURO, MICHAEL S SR
625 PALMER ST.
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-04 404-313-7297