

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90026 049 \*\*\*150.00

**DOCUMENT # 273671**

1. Entity Name

CENTRAL INDUSTRIAL SALES INC



Principal Place of Business

749 CARPENTER ST  
LEESBURG FL 34748

Mailing Address

PO BOX 490884  
LEESBURG FL 34749  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1010896

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARSH, D- E., SR.  
1713 SOUTH ST.  
LEESBURG FL 34749-0884

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VD  
NAME: HARSH, D E JR  
STREET ADDRESS: SOUTH 14TH & EMERSON ST  
CITY-STATE-ZIP: LEESBURG, FL 00000 ☒ Delete

TITLE: Sec. + TREASURE  
NAME: MELVA J. HARSH  
STREET ADDRESS: 1713 SOUTH ST.  
CITY-STATE-ZIP: LEESBURG FL. 34748 ☒ Change ☒ Addition

TITLE: PD  
NAME: HARSH, DOUGLAS E  
STREET ADDRESS: SOUTH 14TH & EMERSON ST  
CITY-STATE-ZIP: LEESBURG, FL 00000 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:   
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*D.E. Harsh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-07

352 787 4350