

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 531899 1. Entity Name CENTAUR, INC.	
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Principal Place of Business 142 OCEAN BLVD ATLANTIC BCH, FL 32233 US	Mailing Address 142 OCEAN BLVD ATLANTIC BCH, FL 32233 US
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01182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FLE Number 59-1745527	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PAPPAS, GEORGE F 142 OCEAN BLVD ATLANTIC BCH, FL 32233
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**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. (SOLE registered Agent signature required when registering) 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	VP PAPPAS, DR. JANET D. 12530 SW 14 AVENUE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAPPAS, DAVID F. 1105 LYNWOOD LOOP FRUIT COVE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/21/04-80019-006 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this form 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 an officer like empowered.

SIGNATURE: George F. Pappas (GEORGE F. PAPPAS) JANUARY 19, 2004 004 247 3530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #