

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 594839

**FILED**  
**May 22, 2007**  
**Secretary of State**

**Entity Name:** CENTRAL SERVICE AND SUPPLY CO., INC.

**Current Principal Place of Business:**

15109 SE 73RD AVE  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

5379 CR 122N  
WILDWOOD, FL 34785

**Current Mailing Address:**

15109 SE 73RD AVE  
SUMMERFIELD, FL 34491

**New Mailing Address:**

P. O. BOX 326  
OXFORD, FL 34484

**FEI Number:** 59-1866884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOWE, DONALD J  
15109 SE 73RD AVE  
SUMMERFIELD, FL 34491 US

**Name and Address of New Registered Agent:**

LOWE, MARVIN E  
5379 CR 122N  
WILDWOOD, FL 34785 US

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.

SIGNATURE: MARVIN E LOWE

05/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: LOWE, MARVIN  
Address: 15109 SE 73RD AVE  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP ( ) Delete  
Name: LOWE, ALICE  
Address: 15109 SE 73RD AVE  
City-St-Zip: SUMMERFIELD, FL 34491

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: LOWE, MARVIN  
Address: 5379 CR 122N  
City-St-Zip: WILDWOOD, FL 34785

Title: P (X) Change ( ) Addition  
Name: SHEPHERD, GENNY  
Address: 4242 CR 472  
City-St-Zip: OXFORD, FL 34484

Title: VP ( ) Change (X) Addition  
Name: DUARTE, HANS  
Address: 1500 SW 130TH AVE  
City-St-Zip: DAVIE, FL 33325

Title: D ( ) Change (X) Addition  
Name: LOWE, ALICE  
Address: 5379 CR 122N  
City-St-Zip: WILDWOOD, FL 34785

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENNY SHEPHERD

P

05/22/2007

Electronic Signature of Signing Officer or Director

Date