2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# 851817

Entity Name: CENTRAL STATES ENTERPRISES, INC.

Current Principal Place of Business:

300 INTERNATIONAL PARKWAY
SUITE 150
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

300 INTERNATIONAL PARKWAY
SUITE 150
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 35-1061305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

O'CONNOR, MICHAEL J
300 INTERNATIONAL PARKWAY
150
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	BOWEN, KENT	
Address:	39 WALDO ST	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	STD	( ) Delete
Name:	NAWROT, ROBERT	
Address:	1317 HOFFNER AVENUE	
City-St-Zip:	ORLANDO, FL 32809	
Title:	PD	( ) Delete
Name:	SHURA, RICHARD C	
Address:	300 INTERNATIONAL PKWY. SUITE 150	
City-St-Zip:	HEATHROW, FL 32746	
Title:	VD	( ) Delete
Name:	CUPPLES, KEN	
Address:	529 LAKE BRITTANY CT.	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	ATAS	( ) Delete
Name:	MICHAEL, O'CONNOR	
Address:	300 INTERNATIONAL PKWY., SUITE 150	
City-St-Zip:	HEATHROW, FL 32746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MICHAEL J OCONNOR ATAS 05/02/2009

Electronic Signature of Signing Officer or Director — Date