

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006594

FILED
Apr 13, 2011
Secretary of State

Entity Name: CENTRAL PROGRAMS INC.

Current Principal Place of Business:

802 NORTH 41ST STREET
BETHANY, MO 64424

New Principal Place of Business:

Current Mailing Address:

PO BOX 505
BETHANY, MO 64424

New Mailing Address:

FEI Number: 43-1057878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, JEFF
6646 N.M. 1ST STREET
MARGATE, FL 330635006 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

OFFICERS AND DIRECTORS:

Title: D
Name: FITZGERALD, HAROLD D
Address: 802 NORTH 41ST STREET
City-St-Zip: BETHANY, MO

Title: S
Name: FITZGERALD, PAM A
Address: 802 NORTH 41ST STREET
City-St-Zip: BETHANY, MO

Title: T
Name: SCHNIEDERS, CHARLES T
Address: 802 NORTH 41ST STREET
City-St-Zip: BETHANY, MO

Title: V
Name: FITZGERALD, BART
Address: 802 NORTH 41ST STREET
City-St-Zip: BETHANY, MO 64424

Title: V
Name: FITZGERALD, GLEN
Address: 802 NORTH 41ST STREET
City-St-Zip: BETHANY, MO 64424

Title: P
Name: FITZGERALD, JEFF
Address: 802 NORTH 41ST STREET
City-St-Zip: BETHANY, MO 64424

I hereby 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 all other like empowered.

SIGNATURE: CHARLES T SCHNIEDERS

T

04/13/2011

Electronic Signature of Signing Officer or Director

Date