


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006059

1. Entity Name
FLORIDA CENTRAL REAL ESTATE DEVELOPMENT GROUP LTD. INC.



Principal Place of Business: **342 WILKES-BARRE TWP BLVD WILKES-BARRE PA 18702**

Mailing Address: **PO BOX AS WILKES-BARRE PA 18702**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY ESQ
239 EAST VIRGINIA STREET
TALLAHASSEE FL 32301



1st MOORE CR2E034 (10/05)

4. FEI Number **20-1213293** Applied For Not Applied

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

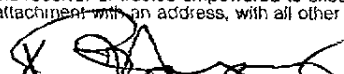
TITLE	CST	<input type="checkbox"/> Delete
NAME	COLEMAN, MARY ELLEN	
STREET ADDRESS	BOX MOOSIC LAKE	
CITY-ST-ZIP	LAKE ARIEL PA 18436	
TITLE	VCP	<input type="checkbox"/> Delete
NAME	HASSEY, RAYMOND A	
STREET ADDRESS	37 SLOCUM AVENUE	
CITY-ST-ZIP	EXETER PA 18643	
TITLE		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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 04/26/06-80018-016 150.00

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: 

4/5/06