

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000000082 1. Entity Name CENTRAX GAS TURBINES, INC.	
--	---

Principal Place of Business 343 LESLIE LANE LAKE MARY, FL 32746	Mailing Address CENTRAX LTD. SHALDON RD. NEWTON ABBOT DEVON UNITED KINGDOM TQ12 4SQ, XX
---	--

DO NOT WRITE IN THIS SPACE


 04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1730300	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

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 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	110000002931135-1 04/23/08-80009-024 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE	PC
NAME	BARR, RICHARD
STREET ADDRESS	SHALDON ROAD, NEWTON ABBOTT
CITY-ST-ZIP	DEVON US TQ12 4SQ,
TITLE	VPVC
NAME	WEST, GUY
STREET ADDRESS	SHALDON ROAD, NEWTON ABBOTT
CITY-ST-ZIP	DEVON US TQ12 4SQ,
TITLE	STD
NAME	HOBBS, MICHAEL
STREET ADDRESS	SHALDON ROAD, NEWTON ABBOTT
CITY-ST-ZIP	DEVON US TQ12 4SQ,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *M. S. Hobbs* M. S. HOBBS DIRECTOR Date 4/8/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR