

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G00263**

1. Entity Name  
**FLORIDA CENTRAL MANAGEMENT, INC.**



Principal Place of Business  
**2430 ESTANCIA BLVD  
SUITE 114  
CLEARWATER, FL 34621 US**

Mailing Address  
**2430 ESTANCIA BLVD  
SUITE 114  
CLEARWATER, FL 34621 US**

**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2223649**

Applied For  
Not Applicable

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

**8. Name and Address of Current Registered Agent**

**NOREK, ROBERT  
C/O FLORIDA CENTRAL MANAGEMENT  
2430 ESTANCIA BLVD., SUITE 114  
CLEARWATER, FL 34621-9641**

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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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	OILSCHLAGER, RODNEY
STREET ADDRESS	2430 ESTANCIA BLVD., STE 114
CITY- ST- ZIP	CLEARWATER, FL
TITLE	VP
NAME	MARKEE, WILLIAM
STREET ADDRESS	2430 ESTANCIA BLVD., STE 114
CITY- ST- ZIP	CLEARWATER, FL
TITLE	ST
NAME	MARK, WILLIAM
STREET ADDRESS	2430 ESTANCIA BLVD., STE 114
CITY- ST- ZIP	CLEARWATER, FL
TITLE	VP
NAME	BENKERT, DANIEL J.
STREET ADDRESS	2430 ESTANCIA BLVD., STE. 114
CITY- ST- ZIP	CLEARWATER, FL
TITLE	V
NAME	NOREK, ROBERT
STREET ADDRESS	2430 ESTANCIA BLVD - SUITE 114
CITY- ST- ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000044815  
02/11/04-80036-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert M. Norek*  
**ROBERT M. NOREK**

*1/29/04* *(222) 287-6911*  
Date Daytime Phone #