

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # K46764

1. Entity Name  
CENTRAL REALTY, INC.



Principal Place of Business  
6580 72ND AVENUE NORTH  
PINELLAS PARK, FL 33781 US

Mailing Address  
6580 72ND AVENUE NORTH  
PINELLAS PARK, FL 33781 US



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2921828

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

GROSS, ALAN M  
ONE PROGRESS PLAZA STE 1210  
ST. PETERSBURG, FL 33710-4353

**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) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSTV
NAME	COHEN, STUART A
STREET ADDRESS	6580 72ND AV N
CITY - ST - ZIP	PINELLAS PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000448942  
03/09/06-80030-005 150.00

**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: **STUART A. COHEN / PRES** ☒ **2/24/06** **727-546-6611**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #