


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # K76394
1. Entity Name
CENTRAL SYSTEMS & SECURITY SERVICES, INC.



Principal Place of Business 4545 SAMUEL ST STE 200 SARASOTA, FL 34233-3441 US	Mailing Address 4545 SAMUEL ST STE 200 SARASOTA, FL 34233-3441 US
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DO NOT WRITE IN THIS SPACE



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0066683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEAVER, JOSEPH L.
4545 SAMUEL ST
STE 200
SARASTOA, FL 34233**

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 _____ DATE _____
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, 2005 Fee will be \$550.00**

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

02/14/05-80066-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WEAVER, JOSEPH L 10158 CHARLEMONT AVE ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FOWLER, JOHN M. 4750 LONGLEAF LANE SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DUNCKLEY, JAMES E. 1409 EAST GATE DR VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Joseph M. Fowler **1-28-05 / 941 / 923-5233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #