

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K76394

FILED
Jan 22, 2009
Secretary of State

Entity Name: CENTRAL SYSTEMS & SECURITY SERVICES, INC.

Current Principal Place of Business:

4545 SAMUEL ST
STE 200
SARASOTA, FL 342333441 US

New Principal Place of Business:

4545 SAMUEL ST
SARASOTA, FL 342333441 US

Current Mailing Address:

4545 SAMUEL ST
STE 200
SARASOTA, FL 342333441 US

New Mailing Address:

4545 SAMUEL ST
SARASOTA, FL 342333441 US

FEI Number: 65-0066683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WEAVER, JOSEPH L.
4545 SAMUEL ST
SARASTOA, FL 34233 US

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.

SIGNATURE: _____

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WEAVER, JOSEPH L
Address: 10158 CHARLEMONT AVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: VPD () Delete
Name: FOWLER, JOHN M.,
Address: 4750 LONGLEAF LANE
City-St-Zip: SARASOTA, FL 34241

Title: DS () Delete
Name: DUNCKLEY, JAMES E.,
Address: 1409 EAST GATE DR
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M FOWLER

VP

01/22/2009

Electronic Signature of Signing Officer or Director

Date