

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K76394

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** CENTRAL SYSTEMS & SECURITY SERVICES, INC.

**Current Principal Place of Business:**

4545 SAMUEL ST  
SARASOTA, FL 342333441 US

**New Principal Place of Business:**

**Current Mailing Address:**

4545 SAMUEL ST  
SARASOTA, FL 342333441 US

**New Mailing Address:**

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 PRES  
4545 SAMUEL ST  
SARASTOA, FL 34233      US

**Name and Address of New Registered Agent:**

FOWLER, JOHN M  
4545 SAMUEL ST  
SARASOTA, FL 342333441 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: JOHN M FOWLER

04/22/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FOWLER, JOHN M  
Address: 4750 LONGLEAF LANE  
City-St-Zip: SARASOTA, FL 34241

Title: VPD  
Name: WEAVER, JOSEPH L  
Address: 10158 CHARLEMONT AVE  
City-St-Zip: ENGLEWOOD, FL 34224

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN M FOWLER

PD

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date