

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90024 027 ***150.00

DOCUMENT # L51026

1. Entity Name
CENTRAL DEVELOPMENT, INC.



Principal Place of Business
**637 SECOND LANE F
VERO BEACH, FL 32962 US**

Mailing Address
**P O BOX 1550
GRANBY, CO 80446 US**

DO NOT WRITE IN THIS SPACE



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2992139

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTEGA-COWAN, R
637 SECOND LANE
VERO BEACH, FL 32962**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
WHITE, ELIZABETH K
3251 CR 60
GRANBY, CO 80446**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MPD
HUANG, WILLIAM
5623 PECK ROAD
ARCADIA, CA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
ORTEGA-COWAN, ROMAN
637 SECOND LANE F
VERO BEACH, FL 32962**

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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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

Date

Daytime Phone #

R. ORTEGA-COWAN 2-18-5

772-559-9159