## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 19, 2006 8:00 am Secretary of State

DOCUMENT # L54822  1. Entity Name CENTRAL BUSINESS SERVICES CORPORATION					01-19-2006 90065 042 ***150.00			
Principal Place of Business Mailing Address 10615 NAVIGATION DR P.O. BOX 3267 RIVERVIEW, FL 33569 US RIVERVIEW, FL 33568			US			£60003353		
2. Principal P Sulte, Apt.	lace of Business LUMS DEN RESER #, etc.	3. Mailing Address  Sulte, Apt. #, etc.	0.Bi	ηχ <i>3</i> Ζ	01162006	Chg-P	CR2E034 (11/05)	
32 NDON 71		City & Sinha VERVIEW 74		テム	4. FEI Numbe	er	Ar	pplied For
<sup>Zip</sup> 33.		PRIL	Country		59-299 5. Certificate	of Status Desired	□ \$8.75 Add	
<u></u>	6. Name and Address of Current R	Registered Agent	<u>u</u>	<u>KM</u>	1.	Address of New F	Fee Require	rd
				Name JOHN A. CHURCHILL				
CHURCHILL, JOHN A. 10615 NAVIGATION DR RIVERVIEW, FL 33569				Street Adduess (P.O. Box Number is Not Acceptable) SERVE DR.				
				CITBRANDON FL Zingode CII				
6. The above the obligat	named entity submits this statement for tions of registered agent.	The purpose of changing its ri					1 .3 5	and accept
SIGNATURE_	pignature, typed or printed name of registered agent as	nd title if explicable. (NOTE:	Registered Agen	y mignature required	d when reinstating)		1/16/0 6	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib		\$5. D Add	.00 May Be ded to Fees			
10.	OFFICERS AND E	DIRECTORS	11.	···	ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY+ST+ZIP	CD CHURCHILL, JOHN A., JR. 10615 NAVIGATION DR RIVERVIEW, FL 33569	C) Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	PRESS 8	18 LUI	HUPLAN	LL JR Change RESERVE L 335//	□ Addition <b>EDR</b>
TITLE	Р	☐ Delete	TITLE		RAND			☐ Addition
NAME STREET ADORESS CITY-ST-ZIP	CHURCHILL, DONNA B 10615 NAVIGATION DR RIVERVIEW, FL 33569		NAME Street addi City-St-Zip		18 LV	MSDEN	CHILL Change RESERVE	E DR
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TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDI					
indicated of the cor	certify that the information supplied with i on this report or supplemental report is reporation or the receiver or trustee empor , or on an attachment with an address?	true and accurate and that my wered to execute this report a	v sionaturė si	thall have the	same legal effec	ct as if made under	nath: that I am an officer	t or director

SIGNATURE: