


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90201 019 ***150.00

DOCUMENT # L60078	
1. Entity Name CENTRAL STATION SERVICES, INC.	

Principal Place of Business 3300 HENDERSON BLVD., STE 101 TAMPA, FL 33609	Mailing Address 3300 HENDERSON BLVD., STE 101 TAMPA, FL 33609
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3300 Henderson Blvd
City & State	Suite, Apt. #, etc. # 206
Zip	City & State Tampa, FL 33609
Country	Zip FL 33609
	Country USA



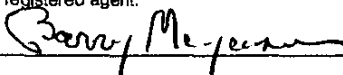
04282005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0195831	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MEYERSON, BARRY. 3314 HENDERSON BLVD #107 TAMPA, FL 33609

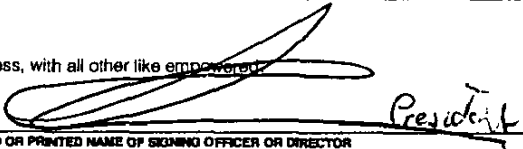
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. the obligations of registered agent.	n the State of Florida. I am familiar with, and accept
SIGNATURE 	DATE 4-28-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P ZIPKIN, LOUIS 3405 WKENWERY BOULEVARD TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP Linda Zipkin 3311 Home Court Tampa, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P Louis Zipkin 3311 Home Court Tampa, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP Linda D. Zipkin 3311 Home Court Tampa, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12.	I, Florida Statutes. I further certify that the information if made under oath; that I am an officer or director d 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: 	DATE 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #