### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

# ANNUAL REPORT DOCUMENT # M78761 1. Entity Name CENTRAL 9-1 CORPORATION, INC.

Principal Place of Business

4836 W. HWY 192 KISSIMMEE, FL 34741



Mailing Address

4836 W. HWY 192 KISSIMMEE, FL 34741

#### FILED May 03, 2007 8:00 am Secretary of State

05-03-2007 90066 046 \*\*\*150.00

40104179



#### DO NOT WRITE IN THIS SPACE

4. FEI Number

[ ] Annih de

59-2894564

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, JOHNSON 4836 W HWY 192 KISSIMMEE, FL 34746

## DO NOT WRITE IN THIS SPACE

				IN	I NIS 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 Age				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, YOUNG 4836 W HWY 192 KISSIMMEE, FL 34746				
TITLE NAME STREET ADDRESS CHTY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	, , , , , , , , , , , , , , , , , , ,				
12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 SKINING OFFICER OR SINESTOR

X1/07 (407)908-147