

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2008
Secretary of State**

DOCUMENT# N06000001017

Entity Name: CENTRAL SPORTS, INC.

Current Principal Place of Business:

602 HARRISON AVE
SUITE 3
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

602 HARRISON AVE
SUITE 3
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 20-4222883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CABLE, ROLLIN
648 FLORIDA AVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: SCOTT, LEE
Address: 602 HARRISON AVE #3
City-St-Zip: PANAMA CITY, FL 32401

Title: D,VP () Delete
Name: SHARPE, RON
Address: 1105 KRISTA DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D,ST () Delete
Name: SCOTT, NELSON
Address: 602 HARRISON AVE #3
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: CABLE, ROLLIN
Address: 648 FLORIDA AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: SHEFFIELD, LANCE
Address: 602 HARRISON AVE #3
City-St-Zip: PANAMA CITY, FL 32401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: CABLE, ROLLIN
Address: 648 FLORIDA AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SCOTT, LEE M
Address: 602 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON SCOTT

D,ST

01/04/2008

Electronic Signature of Signing Officer or Director

Date