2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N36680

Entity Name: CENTRAL PARK INDUSTRIAL SUBDIVISION OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

421 SOUTH PINE AVENUE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

522 PARK ST.
JACKSONVILLE, FL 32244

New Mailing Address:

11710 CENTRAL PKWY
JACKSONVILLE, FL 32224

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, DEBBIE
522 PARK STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

DAVIS, DEBBIE
11710 CENTRAL PKWY
JACKSONVILLE, FL 32224 US

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: _____ 05/02/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: WARE, WALTER SR.
Address: 522 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD (X) Delete
Name: WARE, WALTER JR
Address: 522 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD ( ) Delete
Name: DAVIS, DEBBIE
Address: 522 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD ( ) Delete
Name: SINGLETON, JOYCE
Address: 320 SW 27TH AVENUE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: WARE, CHRISTOPHER
Address: 11710 CENTRAL PKWY
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: TD (X) Change ( ) Addition
Name: DAVIS, DEBBIE
Address: 11710 CENTRAL PKWY
City-St-Zip: JACKSONVILLE, FL 32224

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBBIE DAVIS S/T 05/02/2005
Electronic Signature of Signing Officer or Director — Date