

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001617

FILED
Feb 21, 2007
Secretary of State

Entity Name: CENTRAL BOULEVARD HOLDING CORPORATION

Current Principal Place of Business:

438 E. OSPREY LANE
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

438 E. OSPREY LANE
MONTICELLO, FL 32344

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JOE E
438 E. OSPREY LANE
MONTICELLO, FL 32344 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: PD () Delete
Name: NEWCOMB, MICHAEL P
Address: 7075 W 3RD AVE.
City-St-Zip: HIALEAH, FL 33014

Title: STD () Delete
Name: DAVIS, JOE E
Address: 438 E. OSPREY LANE
City-St-Zip: MONTICELLO, FL 32344

Title: VPD (X) Delete
Name: HINER, KIRK
Address: 438 E. OSPREY LANE
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: JOE E. DAVIS

STD

02/21/2007

Electronic Signature of Signing Officer or Director

Date