


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000038144 1. Entity Name CENTRAL MODULAR SYSTEMS, INC.	
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Principal Place of Business 201 S. AMELIA AVE., G-4 DELAND, FL 32724	Mailing Address 201 S. AMELIA AVE., G-4 DELAND, FL 32724
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3713336	Applied For 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 GUURLINGER, ROBERT A 201 S. AMELIA AVE., G-4 DELAND, FL 32724

**DO NOT WRITE
IN THIS 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	D GUURLINGER, ROBERT A 2218 RIVER RIDGE ROAD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUURLINGER, EDWARD G 1331 OAK HILL DRIVE BLACKLICK, OH 43004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAETTIE, LINDA L 860 N. KANSAS AVE. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITZELFELNER, GLENDA V 1405 HAFT DR UNIT A-10 REYNOLDSBURG, OH 43068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUURLINGER, ZOE F 104 SIGNAL HILL ROAD HOLLAND, PA 18966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000287984
04/04/05-80091-015 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Robert A. Guirlinger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>3/30/05</u> <small>Date</small>	Daytime Phone #: <u>386-74927600</u> <small>Daytime Phone #</small>
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