

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000102680

1. Entity Name
CENTRAL DESIGN, INC.



Principal Place of Business

201 S AMELIA AVE G-4
DELAND, FL 32724

Mailing Address

201 S AMELIA AVE G-4
DELAND, FL 32724

DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number
73-1670536

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GUIRLINGER, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000101011
04/01/04-80031-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUIRLINGER, ROBERT A
STREET ADDRESS	2218 RIVER RIDGE ROAD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	GUIRLINGER, EDWARD G
STREET ADDRESS	1331 OAK HILL DRIVE
CITY-ST-ZIP	BLACKLICK, OH 43004
TITLE	D
NAME	PEATTIE, LINDA L
STREET ADDRESS	860 N KANSAS AVE
CITY-ST-ZIP	DELAND, FL 32724
TITLE	D
NAME	LITZELFELNER, GLENDA V
STREET ADDRESS	1405 HAFT DR UNIT A-10
CITY-ST-ZIP	REYNOLDSBURG, OH 43068
TITLE	D
NAME	GUIRLINGER, ZOE F
STREET ADDRESS	104 SIGNAL HILL ROAD
CITY-ST-ZIP	HOLLAND, PA 18966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED 3/30/4
Apr 01, 2004 08:00 AM
Secretary of State