


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90009 027 \*\*\*150.00

**DOCUMENT # P01000120183**

1. Entity Name  
 100 CENTRAL, INC.



Principal Place of Business  
 100 E CENTRAL BLVD  
 ORLANDO, FL 32801

Mailing Address  
 100 E CENTRAL BLVD  
 ORLANDO, FL 32801

**54054515**



03292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0580722	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MARLOW, TOM A  
 106 N SUMMERLIN AVE  
 ORLANDO, FL 32801

**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 \_\_\_\_\_ (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**

**10. OFFICERS AND DIRECTORS**

TITLE*	D
NAME-	MARKU, TOM A
STREET ADDRESS	106 N. SUMMERLIN AVE.
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	MAURO, MICHAEL S SR
STREET ADDRESS	625 PALMER ST.
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(i), 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:** *Tom Marlow* **4-13-04** **407-313-7297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #