

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000019093

1. Entity Name
CENTRES SURPLUS GP, INC.



Principal Place of Business

C/O CENTRES INC.
9130 S DADELAND BLVD 2 DATRAN CTR S#1528
MIAMI, FL 33156

Mailing Address

C/O CENTRES INC.
9130 S DADELAND BLVD 2 DATRAN CTR S#1528
MIAMI, FL 33156



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0403550

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHARLTON, DAVID K
TWO DATRAN CENTER SUITE 1528
9130 SOUTH DADELAND BLVD
MIAMI, FL 33156

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1000000321920

04/21/05-80039-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KARL, KENNETH B
STREET ADDRESS	9130 S DADELAND BLVD S #1528
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	VAST
NAME	CHARLTON, DAVID K
STREET ADDRESS	9130 S DADELAND BLVD S #1528
CITY - ST - ZIP	MIAMI, FL 33156
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05

Date

305-670-1997

Daytime Phone #