

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000133299**

1. Entity Name  
CENTRAL INSURANCE AGENCY, INC.



Principal Place of Business

2355 RIDGEWOOD AV  
SUITE C  
SOUTH DAYTONA, FL 32119 US

Mailing Address

P.O. BOX 214318  
SOUTH DAYTONA, FL 32121 US



04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2088109

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, REUBEN H JR  
2355 RIDGEWOOD AV  
SUITE C  
SOUTH DAYTONA, FL 32119

**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**

000000332167  
04/26/05-80047-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, REUBEN H JR
STREET ADDRESS	2355. C , RIDGEWOOD AV
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	VP
NAME	JOHNSON, JUDY A
STREET ADDRESS	4316 HALIFAX DR
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	SC
NAME	JOHNSON, JULIE A
STREET ADDRESS	109 DUNLAWTON AV
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32127
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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 #