

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 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



04202007 No Chg-P CR2E034 (11/05)

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

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05/01/07-80130-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Reuben Johnson

Date

Daytime Phone #

4-20-07 3867887200