

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114671

FILED  
Feb 15, 2004  
Secretary of State

Entity Name: CENTAUR SYSTEMS CORPORATION

**Current Principal Place of Business:**

830 BAYRIDGE LANE  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

830 BAYRIDGE LANE  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

FEI Number: 20-0429886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAFNER, CHRISTINE S  
830 BAYRIDGE LANE  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAFNER, FLORIAN B  
Address: 830 BAYRIDGE LANE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: VP ( ) Delete  
Name: HAFNER, CHRISTINE S  
Address: 830 BAYRIDGE LANE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: KHERA, VINAYAK  
Address: 22536 AIRMONT WOODS TER  
City-St-Zip: ASHBURN, VA 20148 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE HAFNER

VP

02/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date