FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90162 048 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000137565

1. Entity Name
SIU CENTRAL, INC.

Principal Place of Business	Mailing Address
670 OLD GENEVA ROAD GENEVA, FL 32732	670 OLD GENEVA ROAD GENEVA, FL 32732

40059276

04062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
800 Westwood Sq.	800 Westwood Sq.
Suite, Apt. #, etc.: Suite F.	Suite, Apt. #, etc.: Suite F.
City & State: Oviedo Fl.	City & State: Oviedo, Fl.
Zip: 32765 Country: USA.	Zip: 32765 Country:

4. FEI Number 20-1655392 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SWEAT, JEFFERY M
670 OLD GENEVA ROAD
GENEVA, FL 32732

7. Name and Address of New Registered Agent

Name: Jeff Sweat
Street Address (P.O. Box Number is Not Acceptable): 3110 Heirloom Rose Place.
City: Oviedo FL Zip Code: 32765

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] DATE: 4-6-2007.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete
NAME	SWEAT, JEFFERY M	
STREET ADDRESS	3110 HEIRLOOM ROSE PLACE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	VP	☐ Delete
NAME	FEATHERMAN, SHANON	
STREET ADDRESS	8420 BOXWOOD DRIVE	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] 4-6-2007. 407-401-7834

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