

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000004574

1. Entity Name  
CENTRAL BILLING, INC.



FILED  
07 MAY 14 AM 9:19  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4888 HAYLOFT COVE  
SALT LAKE CITY, UT 84120

Mailing Address  
4888 HAYLOFT COVE  
SALT LAKE CITY, UT 84120

2. Principal Place of Business - No P.O. Box #  
1455 NE 121 STREET

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
SUITE A-411

Suite, Apt. #, etc.

City & State  
NORTH MIAMI FL

City & State

Zip  
33161

Country  
USA

05102007 Chg-P CR2E034 (12/06)

4. FEI Number  
52-2449871

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SCHLOSSBERG, BERNARD  
9900 WEST SAMPLE ROAD  
SUITE 318  
CORAL SPRINGS, FL 33065

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KLINGENBERG, RAYMOND G  
4888 HAYLOFT COVE  
SALT LAKE CITY, UT 84120 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
1455 N.E 121 STREET SUITE A411  
NORTH MIAMI, FL 33161

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300103094303  
05/23/07--01011--003 \*\*150.00

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

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

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

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

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 another like empowered.

SIGNATURE

*[Handwritten Signature]*