



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90391 025 ***150.00

DOCUMENT # P05000049282 1. Entity Name CEN-PRO-SYSTEMS, INC.																													
Principal Place of Business 1809 LAKE CREST AVE BRANDON, FL 33510 US			Mailing Address PO BOX 1608 MANGO, FL 33550 US																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State		01142006 Chg-P CR2E034 (11/05)																									
Zip		Country		4. FEI Number 20-2598549																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CHIEFFALO, THOMAS 1809 LAKE CREST AVE BRANDON, FL 33510				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 <u><i>Thomas Chieffalo</i></u> Thomas Chieffalo, VP				DATE April 15, 2006																									
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P,GM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHIEFFALO, THOMAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1809 LAKE CREST AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BRANDON, FL 33510</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VP,GM</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Chieffalo, Thomas</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1809 Lake Crest Ave</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Brandon, FL 33510</td> <td></td> </tr> </table> </div> </div>						TITLE	P,GM	<input type="checkbox"/> Delete	NAME	CHIEFFALO, THOMAS		STREET ADDRESS	1809 LAKE CREST AVE		CITY - ST - ZIP	BRANDON, FL 33510		TITLE	VP,GM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Chieffalo, Thomas		STREET ADDRESS	1809 Lake Crest Ave		CITY - ST - ZIP	Brandon, FL 33510	
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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.																													
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Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													