



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90032 031 ***150.00

DOCUMENT # P05000080262			
1. Entity Name CENTRAL CONSULTING AND ADJUSTMENT INC.			
Principal Place of Business 2280 WILHELMINA CT. NE BLDG B PALM BAY FL 32905 US		Mailing Address 2280 WILHELMINA CT. NE BLDG B PALM BAY FL 32905 US	
2. Principal Place of Business 2854 Stirling Road Suite, Apt. #, etc. Suite F		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Hollywood, FL.		City & State	
Zip 33020	Country USA	Zip	Country
6. Name and Address of Current Registered Agent ZELENKA, BIFF C 2280 WILHELMINA CT. NE BLDG B PALM BAY FL 32905		7. Name and Address of New Registered Agent Name ZELENKA, BIFF C Street Address (P.O. Box Number is Not Acceptable) 1501 Miami Road City Hollywood Fl. Lauderdale FL Zip Code 33316	
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 		DATE	
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZELENKA, BIFF C 1349 RICHMOND DR. MELBOURNE FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Zelenka, Biff C. 1501 Miami Road Hollywood Ft. Lauderdale, FL. 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STROUD, MARK A 1349 RICHMOND DR. MELBOURNE FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stroud, MARK A 1501 Miami Road Ft. Lauderdale, FL. 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #