

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 06, 2006 8:00 am
Secretary of State

04-27-2006 90212 031 ***150.00

DOCUMENT # P05000104878

1. Entity Name
CENTER LINE INC



Principal Place of Business
**2245 IRLO BRONSON MEMORIAL HIGH WAY
KISSIMMEE, FL 34744 US**

Mailing Address
**2245 IRLO BRONSON MEMORIAL HIGH WAY
KISSIMMEE, FL 34744 US**

00011000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

22-3915740

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SITTO, RALPH
2245 IRLO BRONSON MEMORIAL H'WAY
KISSIMMEE, FL 34744**

34744

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SITTO, RALPH**
STREET ADDRESS **2245 IRLO BRONSON MEMORIAL HIGH WAY**
CITY-ST-ZIP **KISSIMMEE, FL 34743**

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

TITLE **VP** ☐ Delete
NAME **SITTO, HANAN**
STREET ADDRESS **2245 IRLO BRONSON MEMORIAL HIGH WAY**
CITY-ST-ZIP **KISSIMMEE, FL 34743**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19

Daytime Phone

4/12/06