


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90041 004 ***150.00

DOCUMENT # P05000163662 1. Entity Name CENTRALCOOP INC.					
Principal Place of Business 711 64TH. AVE. ST. PETE BEACH, FL 33706			Mailing Address 5301 GULF BLVD UNIT C202 ST. PETE BEACH, FL 33706		
2. Principal Place of Business - No P.O. Box # 5301 Gulf Blvd.		3. Mailing Address Suite, Apt. #, etc. C202			
City & State ST. PETE BEACH		City & State ST. PETE BEACH		4. FEI Number 84-1698364	
Zip 33706		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAMLADE, HANS 711 64TH. AVE. ST. PETE BEACH, FL 33706				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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/D FISCHER, MARLIES 711 64TH. AVE. ST. PETE BEACH, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marlies Fischer 5301 Gulf Blvd. C202 ST. Pete Beach, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D KAMLADE, HANS 711 64TH. AVE. ST. PETE BEACH, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HANS Kamlaade 5301 Gulf Blvd. C202 ST. Pete Beach, FL 33706	
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	
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	
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	
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 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: _____			Jan. 25. 08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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