

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

04-11-2008 90038 047 ***150.00

DOCUMENT # P07000124626 1. Entity Name GRAND CENTRAL, INC.					
Principal Place of Business 503 RICHARDSON WAY SARASOTA FL 34232			Mailing Address 503 RICHARDSON WAY SARASOTA FL 34232		
2. Principal Place of Business - Hwy P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 42-1746678	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORNEY, DARREN 503 RICHARDSON WAY SARASOTA FL 34232				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 _____ DATE _____ Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY- ST- ZIP	PD GORNEY, DARREN ☐ Delete 503 RICHARDSON WAY SARASOTA FL 34232			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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 empowerments.					
SIGNATURE: <i>Darren Gorney</i> Darren Gorney				3-30-08 941-539-9534	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR				Date Phone/Fax	

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1st MOORE CR2E034 (10/07)