

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32721

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: CENTRAL GLASGOW CORPORATION

## Current Principal Place of Business:

73 SEASCAPE CIRCLE  
ST AUGUSTINE, FL 32080 US

## New Principal Place of Business:

## Current Mailing Address:

1093 HWY AIA BCH BLVD  
PMB 379  
ST AUGUSTINE, FL 32080 US

## New Mailing Address:

1093 HWY A1A BCH BLVD  
PMB 379  
ST AUGUSTINE, FL 32080 US

FEI Number: 61-0609682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SORENSEN, ROBERT C.  
73 SEASCAPE CIRCLE  
ST AUGUSTINE, FL 32080 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: SORENSEN, ROBERT C.,  
Address: 1093 A1A BEACH BLVD, PMB 379  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: SD ( ) Delete  
Name: SORENSEN, SANDRA F.,  
Address: 1093 A1A BEACH BLVD, PMB 379  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TD ( ) Delete  
Name: CRABTREE, DONALD R.,  
Address: 195 WOLFORD WAY  
City-St-Zip: CAMPBELLSVILLE, KY 42718

Title: VP ( ) Delete  
Name: SORENSEN, ROBERT C II  
Address: 1093 A1A BEACH BLVD PMB 379  
City-St-Zip: ST. AUGUSTINE, FL 32080

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SORENSEN, ROBERT C II  
Address: 1093 A1A BEACH BLVD PMB 379  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SORENSEN II

VP

01/06/2006

Electronic Signature of Signing Officer or Director

Date