

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32721

FILED  
Jan 20, 2011  
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 A1A BCH BLVD  
PMB 379  
ST AUGUSTINE, FL 32080 US

**New Mailing Address:**

FEI Number: 61-0609682      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SORENSEN II

VP

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date