


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000019352**

1. Entity Name  
**CENTERGY, INC.**



Principal Place of Business <b>1155 HILLSBORO MILE A1A          SUITE 602          HILLSBORO BEACH, FL 33062-1744 US</b>	Mailing Address <b>1155 HILLSBORO MILE A1A          SUITE 602          HILLSBORO BEACH, FL 33062-1744 US</b>
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**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0418459</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LEIBOWITZ, PATRICIA  
 1155 HILLSBORO MILE SUITE 602  
 SUITE 602  
 HILLSBORO BEACH, FL 33062**

**DO NOT WRITE IN THIS SPACE**

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: *Patricia Leibowitz* Patricia Leibowitz, Sec/Treas. 4/19/05  
(NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIBOWITZ, MARTIN N 1155 HILLSBORO MILE A1A SUITE 602 HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEIBOWITZ, PATRICIA 1155 HILLSBORO MILE SUITE 602 HILLSBORO BEACH, FL 33062
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04/25/05-80005-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patricia Leibowitz* Patricia Leibowitz 4/19/05 954-480-6485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #