2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 27, 2004 8:00 am Secretary of State DOCUMENT # P93000057988 1. Entity Name 04-27-2004 90054 050 ***150.00 CENTAC INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 1214 ST TROPEZ CIR 1214 ST TROPEZ CIR ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3195835 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAYLE, DENNIS Street Address (P.O. Box Number is Not Acceptable) 1214 ST TROPEZ CIR ORLANDO FL 32806 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **CPMS** TITLE ☐ Delete TITLE Change ☐ Addition DAYLE, DENNIS NAME NAME STREET ADDRESS 1214 ST TROPEZ CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DAYLE, DENNIS NAME STREET ADDRESS 1214 ST TROPEZ CIR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP _ Delete TITLE . Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

SIGNATURE: Alexand Augus DEIVNIS DAY E 4-15-04 (407) 425-2060

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.