

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90227 013 ***158.75

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1. Entity Name
CENTRAL HOLDINGS, INC.



Principal Place of Business
**300 LOCKHART MILL RD
WOODSTOCK
NEW BRUNSWICK, NB e7m-5c3 CA**

Mailing Address
**300 LOCKHART MILL RD
WOODSTOCK
NEW BRUNSWICK, NB e7m-5c3 CA**

DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3212896

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARRETT, MALCOLM
1308 WINTER SPRINGS BOULEVARD
TUSCAWILLA, FL 32708**

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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 _____

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BARRETT, EDWARD
STREET ADDRESS 300 LOCKHART MILL RD.
CITY-ST-ZIP WOODSTOCK, NEW BRUNSWICK,

TITLE PD
NAME BARRETT, MALCOLM
STREET ADDRESS 300 LOCKHART MILL RD.
CITY-ST-ZIP WOODSTOCK, NEW BRUNSWICK,

TITLE VD
NAME BARRETT, WILLIAM
STREET ADDRESS 300 LOCKHART MILL RD.
CITY-ST-ZIP WOODSTOCK NEW BRUNSWICK,

TITLE STD
NAME GINSON, DAVID
STREET ADDRESS 300 LOCKHART MILL RD.
CITY-ST-ZIP WOODSTOCK, NEW BRUNSWICK,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____