2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000048893

1. *Entity Name*
CENTRAL MINERALS CORPORATION

Principal Place of Business	Mailing Address
290 PARADISE BLVD.	290 PARADISE BLVD.
NO. 36	NO. 36
INDIALANTIC, FL 32903	INDIALANTIC, FL 32903

DO NOT WRITE IN THIS SPACE

01122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3326841	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOFMANN, ERNST G
290 PARADISE BLVD.
NO. 36
INDIALANTIC, FL 32903

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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	PT
NAME	HOFMANN, ERNST G
STREET ADDRESS	290 PARADISE BLVD., NO. 36
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	VS
NAME	SOONG, TONY R
STREET ADDRESS	190 WINDING MEADOW WAY
CITY-ST-ZIP	MONUMENT, CO 80132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/04-80052-001 150.00

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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)(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: *Ernst C. Hofmann* Ernst G. Hofmann   4/1/04   321-777-9462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #