## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000011131**

1. Entity Name

CENTRAL ASSOCIATES, INC.



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

1325 S. CONGRESS AVE

STE 201

BOYNTON BCH, FL 33426 US

Mailing Address

1325 S. CONGRESS AVE

STE 201

DO NOT WRITE IN THIS SPACE

BOYNTON BCH, FL 33426

No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0728178

01262007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDY, MARY 1325 S. CONGRESS AVE., STE 201 BOYNTON BEACH, FL 33426

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the p tions of registered agent.	surpose of changing its regi	stered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Reg	listered Agent signatur	e required when reinstating)	DATE
FILE NOWIL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	1		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDY, MARY F 1325 S. CONGRESS AVE -STE 201 BOYNTON BCH, FL 33426				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000606938 01/31/07-80017-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	77.00.00				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS

MATURE AND TYPED OR PROTECTION

Mary E Hardy

1/26/07

(561) 734 -59A1