



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90001 011 \*\*\*150.00

<b>DOCUMENT # P98000013313</b> 1. Entity Name <b>CENTERGY INVESTMENTS, INC.</b>					
Principal Place of Business <b>1154 HAVENDALE BLVD. WINTER HAVEN, FL 33881</b>			Mailing Address <b>PO BOX 3096 WINTER HAVEN, FL 33885</b>		
2. Principal Place of Business - No P.O. Box # <b>400 Avenue K SE</b>		3. Mailing Address Suite, Apt. #, etc. <b>Bldg # 3</b>			
City & State <b>Winter Haven, Florida</b>		City & State <b>Winter Haven, Florida</b>		4. FEI Number <b>59-3491519</b>	
Zip <b>33880</b>		Country <b>Polk</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SWAIN RALTY CORPORATION 1154 HAVENDALE BLVD. WINTER HAVEN, FL 33881</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>400 Avenue K SE, Bldg # 3</b> City <b>Winter Haven</b> <b>FL</b> Zip Code <b>33880</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SWAIN, BRIAN K 1154 HAVENDALE BLVD. WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CLINE, PATTY 1154 HAVENDALE BLVD. WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete			
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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.					
<b>SIGNATURE:</b>  <b>3-27-08</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					