

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90014 020 ***150.00

DOCUMENT # P98000077011 1. Entity Name CENROSS, INC.			
Principal Place of Business 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401		Mailing Address 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # 4650 Donald Ross Rd. Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens, FL Zip 33418		3. Mailing Address 4650 Donald Ross Rd Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens FL Zip 33418	
4. FEI Number 65-0861913		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROCK, PETER 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Brock, Peter Street Address (P.O. Box Number is Not Acceptable) 4650 Donald Ross Rd. Suite 200 City Palm Beach Gardens FL Zip Code 33418	
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BROCK, PETER 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4650 Donald Ross Rd. Suite 200 Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BROCK, ANDREW 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4650 Donald Ross Rd Suite 200 Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/3/08 Daytime Phone #	