


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S54685**  
 1. Entity Name  
**CENTRAL MARKETING SYSTEMS, INC.**



Principal Place of Business <b>100 INDIAN HAMMOCK LN          SUITE #506          PONTE VEDRA BEACH, FL 32082 US</b>	Mailing Address <b>100 INDIAN HAMMOCK LN          SUITE 506          PONTE VEDRA BEACH, FL 32082 US</b>
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**DO NOT WRITE IN THIS SPACE**

01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3069878	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**5. Name and Address of Current Registered Agent**  
 MURPHY, RICHARD  
 100 INDIAN HAMMOCK LN  
 PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000203813  
 01/29/05-80042-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, RICHARD 100 INDIAN HAMMOCK LN PONTE VEDRA BEACH, FL
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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)(f), 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:** Richard Murphy **Richard Murphy** 1/26/05 904-273-1168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #