

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004080

**Entity Name:** CENTRAL RESEARCH INC

**Current Principal Place of Business:**

122 NORTH BLOOMINGTON, SUITE I  
LOWELL, AR 72745

**Current Mailing Address:**

P.O. BOX 2099  
LOWELL, AR 72745 US

**FEI Number:** 51-0353006

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CEO, DIRECTOR  
Name DILLARD, C. SCOTT  
Address 122 NORTH BLOOMINGTON, SUITE I  
City-State-Zip: LOWELL AR 72745

Title PRESIDENT, DIRECTOR  
Name MCKINNON, BOBBY  
Address 122 NORTH BLOOMINGTON, SUITE I  
City-State-Zip: LOWELL AR 72745

Title SECRETARY  
Name DEARBORN, PHILIP  
Address 122 NORTH BLOOMINGTON, SUITE I  
City-State-Zip: LOWELL AR 72745

Title TREASURER  
Name AGYEI, JOE  
Address 122 NORTH BLOOMINGTON, SUITE I  
City-State-Zip: LOWELL AR 72745

Title DIRECTOR  
Name SMIGOCKI, MIKE  
Address 122 NORTH BLOOMINGTON, SUITE I  
City-State-Zip: LOWELL AR 72745

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILIP DEARBORN

**SECRETARY, BY ALICIA YBARRA, ATTORNEY-IN-FACT** 02/16/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date