

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004080

Entity Name: CENTRAL RESEARCH INC

Current Principal Place of Business:

106 N. BLOOMINGTON STREET, SUITE S
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 PRESIDENT, DIRECTOR, CEO
Name MCKINNON, BOBBY
Address 106 N. BLOOMINGTON STREET,
 SUITE S
City-State-Zip: LOWELL AR 72745

Title SECRETARY
Name DEARBORN, PHILIP
Address 106 N. BLOOMINGTON STREET,
 SUITE S
City-State-Zip: LOWELL AR 72745

Title TREASURER
Name AGYEI, JOSEPH
Address 106 N. BLOOMINGTON STREET,
 SUITE S
City-State-Zip: LOWELL AR 72745

Title DIRECTOR
Name SMIGOCKI, MIKE
Address 106 N. BLOOMINGTON STREET,
 SUITE S
City-State-Zip: LOWELL AR 72745

Title DIRECTOR
Name MAY , CHRISTOPHER
Address 106 N. BLOOMINGTON STREET,
 SUITE S
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
ANDREW GILBERT,
ATTORNEY-IN-FACT**

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date