

**2024 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 & CEO / DIRECTOR  
Name            MCKINNON, BOBBY  
Address        7619 LITTLE RIVER TURNPIKE, STE  
                  200  
City-State-Zip: ANNANDALE VA 22003

Title            GENERAL COUNSEL, SR. VP,  
                  SECRETARY  
Name            DEARBORN, PHILIP  
Address        7619 LITTLE RIVER TURNPIKE, STE  
                  200  
City-State-Zip: ANNANDALE VA 22003

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

Title            TAX PREPARER  
Name            LLP, FORVIS  
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

Title            DIRECTOR  
Name            SMIGOCKI, MIKE  
Address        7619 LITTLE RIVER TURNPIKE, STE  
                  200  
City-State-Zip: ANNANDALE VA 22003

*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: CHRISTOPHER MAY**

**DIRECTOR, BY JON-  
MICHAEL SANCHEZ,  
ATTORNEY-IN-FACT**

**04/24/2024**

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

\_\_\_\_\_  
Date