Edgar Filing: NOVOTNY GLENN W - Form 4

NOVOTNY (GLENN W											
Form 4												
December 30	, 2005											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL			
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box if no longer								Expires:	January 31,			
subject to	STATEMENT OF CHANGES IN BENEFICIAL OW.						NERSHIP OF	2005 average				
Section 16		SECURITIES								burden hou	rs per	
Form 4 or Form 5			C	(.) . f	41	G	F -	1	A . 4 . 6 1024	response	0.5	
obligation									ge Act of 1934, f 1935 or Sectio	n		
may contin	nue.		of the Inv	•		•				11		
See Instruct 1(b).	ction	50(II)	of the my	counc	in C	zompan.	y 1 ici	0117	TO			
(Print or Type R	esponses)											
1. Name and Address of Reporting Person * NOVOTNY GLENN W2. Issuer Name and Ticker or Trading Symbol5. Relationship of R Issuer						Reporting Person(s) to						
CENTR [CENT]				AL GA	ARE	DEN & I	PET C	CO	(Check all applicable)			
(Last)	(First) (Middle)	3. Date of	Earliest	Trai	nsaction			_X_ Director	10%	Owner	
(Month/Da									XOfficer (give titleOther (specify below) below)			
1340 TREAT BLVD., SUITE 600 12/30/200									Pres./ Chief Executive Officer			
	(Street)		4. If Amer	ndment,	Date	e Original			6. Individual or Jo	oint/Group Filiı	1g(Check	
			Filed(Mont			U			Applicable Line)	1		
WAI NUT C	REEK, CA 945	97							_X_ Form filed by 0 Form filed by M	One Reporting Pe More than One Re		
	$\mathbf{RLLR}, \mathbf{CR} \mathbf{\mathcal{F}} \mathbf{\mathcal{F}}$)							Person			
(City)	(State)	(Zip)	Table	e I - Nor	n-De	rivative S	ecuri	ties Ace	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security	2. Transaction Dat (Month/Day/Year)) Execution	emed on Date, if	3. Transa Code	action	4. Securi	l (A) o		5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial	
· · · · · · · · · · · · · · · · · · ·			CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)					Owned Following	ndirect (I)	Ownership (Instr. 4)		
							(A)		Reported Transaction(s)			
							or		(Instr. 3 and 4)			
Common				Code	V	Amount	(D)	Price				
Common Stock	12/30/2005			G	V	1,000	D	\$0	121,148 <u>(1)</u>	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
NOVOTNY GLENN W 1340 TREAT BLVD., SUITE 600	х		Pres./ Chief Executive					
WALNUT CREEK, CA 94597			Officer					
Signatures								
/s/ Glenn W. 12/20/20	05							

Novotny	12/30/2005
<u>**</u> Signature of Reporting Person	Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Includes shares of the Issuer's common stock held in the reporting person's 401(k) plan and acquired under the Issuer's Employee Stock (1) Purchase Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.