

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 208235

1. Entity Name

CENTURY CREDIT CORPORATION



Principal Place of Business

5944 S.W. 73RD STREET
SOUTH MIAMI 43, FL 33143

Mailing Address

5944 S.W. 73RD STREET
SOUTH MIAMI 43, FL 33143



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-0874165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, FREDERICK K
5940 SW 73RD ST
S MIAMI, FL 33143

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, FREDERICK K., JR
STREET ADDRESS 5944 SW 73RD ST.,
CITY-ST-ZIP S MIAMI, FL

TITLE S
NAME BROWN, LYNN M
STREET ADDRESS 5944 SW 73RD ST.
CITY-ST-ZIP S MIAMI, FL

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U00000583732
01/12/07-80009-002 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #