

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 10, 2004 8:00 am**  
**Secretary of State**

06-10-2004 90003 048 \*\*\*550.00

**DOCUMENT # 250813**

1. Entity Name  
**CENTURY DEVELOPMENT OF TALLAHASSEE, INC.**



Principal Place of Business  
**508-A CAPITAL CIRCLE S.E.  
TALLAHASSEE, FL 32301**

Mailing Address  
**508-A CAPITAL CIRCLE S.E.  
TALLAHASSEE, FL 32301**

**54057102**



06072004 No Chg-P / CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0946928**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TURNER, FREDERICK E  
508A CAPITAL CIRCLE SE  
TALLAHASSEE, FL 32301**

**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 reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TURNER, FREDERICK E  
STREET ADDRESS 508-A CAPITAL CIR. S.E.  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE VD  
NAME TURNER, DOUGLAS E  
STREET ADDRESS 508-A CAPITAL CIR. S.E.  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE T  
NAME O'REILLY, JOHN  
STREET ADDRESS 508 A CAPITAL CIRCLE, S.E.  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

**Fred Turner**

**6-9-04**

**8506564663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #