

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

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**



03292006 No Chg-P CR2E034 (11/05)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, FREDERICK E 508-A CAPITAL CIR. S.E. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNER, DOUGLAS E 508-A CAPITAL CIR. S.E. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'REILLY, JOHN 508 A CAPITAL CIRCLE, S.E. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000493402
04/20/06-80004-002 150.00

**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:

John O'Reilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John O'Reilly

3/29/05

850-656-4663

Date

Daytime Phone #