

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
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**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0946928

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

**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 reconstituting)

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 | 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 | |

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04/26/07-80078-013 150.00

**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

4-16-07

Date

850-656-4663

Daytime Phone #