



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90180 008 \*\*\*150.00

<b>DOCUMENT # 411552</b>			
1. Entity Name CENTURION I, INC.			
Principal Place of Business 2611-B WEST 23RD PANAMA CITY, FL 32405-2394		Mailing Address 2611-B WEST 23RD PANAMA CITY, FL 32405-2394	
2. Principal Place of Business - No P.O. Box # 1701 TENNESSEE AVE.		3. Mailing Address 1701 TENNESSEE AVE.	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100	
City & State LYNN HAVEN, FL		City & State LYNN HAVEN, FL	
Zip 32444	Country USA	Zip 32444	Country USA
6. Name and Address of Current Registered Agent JENKINS, ERIC A. 2611-B WEST 23RD STREET PANAMA CITY, FL		7. Name and Address of New Registered Agent Name JENKINS, ERIC A. Street Address (P.O. Box Number is Not Acceptable) 1701 TENNESSEE AVE. SUITE 100 City LYNN HAVEN FL Zip Code 32444	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, ERIC A 2611-B W. 23RD STREET PANAMA CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, ERIC A. 1701 TENNESSEE AVE. SUITE 100 LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, ERIC A 2611-B W. 23RD STREET PANAMA CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, ERIC A. 1701 TENNESSEE AVE. SUITE 100 LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4/2/07 (850) 277-0477	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ERIC A. JENKINS		Date Daytime Phone #	