2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2007 8:00 am Secretary of State **DOCUMENT # 592680** 1. Entity Name 04-25-2007 90182 018 ***150.00 CENTURION PROPERTIES, INC. Principal Place of Business Mailing Address C/O ERIC A. JENKINS 2611-B WEST 23RD STREET PANAMA CITY FL 32405 C/O ERIC A. JENKINS 2611-B WEST 23RD STREET PANAMA CITY FL 32405 2. Principal Place of Business - No P.O. Box # Mailing Address <u>10</u>0 UOI levvezzee lennessee Suite, Apt., #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) Duite 00 Applied For City & State 4. FEI Number City & State 59-1980300 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired <u> 32444</u> Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENKINS, ERIC A. 2611-B WEST 23RD STREET Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32405 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change Delete ☐ Addition TITLE TITLE JENKINS, ERIC A NAME NAME Tennessee Au. 5tc 100 2611-B W. 23RD STREET STREET ADDRESS STREET ADDRESS PANAMA CITY FL PPPCE CITY-ST-ZIP CITY - ST- 7IP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CHY SI-ZIP CITY ST. ZIP ☐ Change HILL ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition ☐ Delete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY-ST-ZIP ☐ Delele TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P Addition TITLE ☐ Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

FILED