2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90409 033 ***158.75

DOCUMENT # 616872

1. Entity Name
CENTURY REALTY FUNDS, INC.

Principal Place of Business	Mailing Address
500 S. FLORIDA AVE 700 LAKELAND, FL 33813	P.O. BOX 5252 LAKELAND, FL 33807

DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1882315
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCFARLAND, PETER A. ESQ.
500 S. FLORIDA AVE
#715
LAKELAND, FL 33801

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAXWELL, LAWRENCE W.
STREET ADDRESS	500 S. FLORIDA AVE , #700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	V
NAME	BOCHIS, GEORGE J
STREET ADDRESS	500 S. FLORIDA AVE , #700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	AT
NAME	KELLEY, KIM
STREET ADDRESS	500 S. FLORIDA AVE , #700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	P
NAME	MAXWELL, LAWRENCE T
STREET ADDRESS	500 S. FLORIDA AVE , #700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	AS
NAME	EBDRUP, BRIDGET
STREET ADDRESS	500 S. FLORIDA AVE , #700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kim S. Kelley 4/29/04 863-647-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kim S. Kelley