

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 616872 1. Entity Name CENTURY REALTY FUNDS, INC.	
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Principal Place of Business 500 S. FLORIDA AVE 700 LAKELAND, FL 33813	Mailing Address P.O. BOX 5252 LAKELAND, FL 33807
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1882315	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCFARLAND, PETER A. ESQ. 500 S. FLORIDA AVE #715 LAKELAND, FL 33801

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

**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	D MAXWELL, LAWRENCE W. 500 S. FLORIDA AVE , #700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP DROST, WILLIAM D 500 S. FLORIDA AVE , #700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST- ZIP	AT KELLEY, KIM 500 S. FLORIDA AVE , #700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P MAXWELL, LAWRENCE T 500 S. FLORIDA AVE , #700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST- ZIP	AS EBDRUP, BRIDGET 500 S. FLORIDA AVE , #700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T FALK, BENJAMIN 500 S. FLORIDA AVE , #700 LAKELAND, FL 33801

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05/15/06-80072-023 158.75

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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: Kim A. Kelley 4/27/06 863-647-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #