

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT #616872 1. Entity Name CENTURY REALTY FUNDS, INC.					
Principal Place of Business 500 S. FLORIDA AVE 700 LAKELAND, FL 33813			Mailing Address P.O. BOX 5252 LAKELAND, FL 33807		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01292007 Chg-P CR2E034 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-1882315	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent McFARLAND, PETER A. ESQ. 500 S. FLORIDA AVE #715 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, LAWRENCE W. 500 S. FLORIDA AVE , #700 LAKELAND, FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000747173 05/17/07-80015-005 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DROST, WILLIAM D 500 S. FLORIDA AVE , #700 LAKELAND, FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KELLEY, KIM 500 S. FLORIDA AVE , #700 LAKELAND, FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXWELL, LAWRENCE T 500 S. FLORIDA AVE , #700 LAKELAND, FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EBDRUP, BRIDGET 500 S. FLORIDA AVE , #700 LAKELAND, FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALK, BENJAMIN 500 S. FLORIDA AVE , #700 LAKELAND, FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 <i>Kim S Kelley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/26/07 863-647-1587 Date Daytime Phone #		