

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726433

1. Entity Name
STRATFORD OF CENTURY, INC.



Principal Place of Business
**C/O PEARL SHNEYER
164 STRATFORD L
WEST PALM BEACH FL 33417**

Mailing Address
**C/O PEARL SHNEYER
164 STRATFORD L
WEST PALM BEACH FL 33417**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-1551111

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**STRATFORD OF CENTURY, INC.
164 STRATFORD L
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent
Name **PEARL SHNEYER**
Street Address (P.O. Box Number is Not Acceptable)
164 STRATFORD L
City **W. PALM BEACH** FL Zip Code **33417**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SHNEYER, PEARL		NAME		
STREET ADDRESS	STRATFORD "L" 164 N/A		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH FL 33417		CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	OLIVER, MARIE		NAME		
STREET ADDRESS	62 E STRATFORD		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH FL		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	EPSTEIN, GERALD		NAME		
STREET ADDRESS	45 STRATFORD D		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH FL 33417		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KAUFMAN, RHODA		NAME		
STREET ADDRESS	94 STRATFORD G		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH FL 33417		CITY - ST - ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HOWARD, SILVER		NAME		
STREET ADDRESS	146 STRATFORD K		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH FL 33417		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pearl Shneyer (PEARL SHNEYER) PRES. 4/05/05 561-687-26

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #