

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90544 027 \*\*\*158.75

**DOCUMENT # 855832**

1. Entity Name  
**CENTURY NATIONAL PROPERTIES, INC.**



Principal Place of Business  
**12200 SYLVAN ST  
NORTH HOLLYWOOD, CA 91606**

Mailing Address  
**12200 SYLVAN ST  
NORTH HOLLYWOOD, CA 91606**

2. Principal Place of Business  
**3029 Wilshire Blvd.**  
Suite, Apt. #, etc.  
**205**

3. Mailing Address  
**3029 Wilshire Blvd.**  
Suite, Apt. #, etc.  
**205**

City & State  
**Santa Monica, CA**  
Zip  
**90403**  
Country  
**USA**

City & State  
**Santa Monica, CA**  
Zip  
**90403**  
Country  
**USA**

04202004 Chg-P CR2E034 (10/03)

4. FEI Number  
**95-3677269**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOUCKS, WILLIAM E ESQ  
SMITH, HOOD, PERKINS, LOUCKS, STOUT ETAL  
444 SEABREEZE BLVD. STE. 900  
DAYTONA BEACH, FL 32118**

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, WELDON 3930 ALOMAR DR SHERMAN OAKS, CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIBBONS, BRIAN 70 TESSERA AVE FOOTHILL RANCH, CA 92610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALICKI, MARIE 19925 LANARK STREET CANOGA PARK, CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSBORN, JUDITH 7134 POMELO DRIVE WEST HILLS, CA 91307	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, LAWRENCE 1350 CAPRI PACIFIC PALISADES, CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIGNEY, WILLIAM D III 12940 HARTSOOK STREET SHERMAN OAKS, CA	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lauren Dudley 5430 45th Street W Seattle, WA 98199	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Madelyn Jackrel 1209 Bienveneda Avenue Pacific Palisades, CA 90272	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elaine Kramer 1350 Capri Drive Pacific Palisades, CA 90272	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Madelyn Jackrel **4/23/2004** **310-264-4799**

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