

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003395

1. Entity Name
CENTURY SHOWROOMS, INC.



Principal Place of Business
401 11TH STREET NW
HICKORY, NC 28601

Mailing Address
P.O. BOX 608
HICKORY, NC 28603



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1533748

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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

Signature, typed or printed name of registered agent and Title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C SHUFORD, HARLEY F JR.
401 11TH STREET NW
HICKORY, NC 28601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC SHUFORD, A. ALEX
401 11TH STREET NW
HICKORY, NC 28601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D DOWDY, NANCY S
401 11TH STREET NW
HICKORY, NC 28601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SHUFORD, CHARLES H
401 11TH STREET NW
HICKORY, NC 28601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P MARICICH, ROBERT
401 11TH STREET NW
HICKORY, NC 28601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S REESE, RICHARD
401 11TH STREET NW
HICKORY, NC 28601

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/05 8283268365

Date

Daytime Phone #