2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F04000003395

1. Entity Name
CENTURY SHOWROOMS, INC.

Principal Place of Business	Mailing Address
401 11TH STREET NW HICKORY, NC 28601	P.O. BOX 608 HICKORY, NC 28603

DO NOT WRITE IN THIS SPACE

04192006 No Chg-P CR2E034 (11/05)

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

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

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

000005482202
05/12/06-80055-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SHUFORD, HARLEY F JR.
STREET ADDRESS	401 11TH STREET NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	VC
NAME	SHUFORD, A. ALEX
STREET ADDRESS	401 11TH STREET NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	D
NAME	DOWDY, NANCY S
STREET ADDRESS	401 11TH STREET NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	D
NAME	SHUFORD, CHARLES H
STREET ADDRESS	401 11TH STREET NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	P
NAME	MARICICH, ROBERT
STREET ADDRESS	401 11TH STREET NW
CITY-ST-ZIP	HICKORY, NC 28601
TITLE	S
NAME	REESE, RICHARD
STREET ADDRESS	401 11TH STREET NW
CITY-ST-ZIP	HICKORY, NC 28601

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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: _____ 4/28/06 8283268365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #