

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004701

Entity Name: CENTURION CARES, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

720 BROOKER CREEK BLVD, STE 201
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD, STE 201
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 39-1986798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGHAM, DONALD
720 BROOKER CREEK BLVD, STE 201
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

WORMINGTON, JACK R CPT
720 BROOKER CREEK BLVD, STE 201
OLDSMAR, FL 34677 US

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.

SIGNATURE: JACK R. WORMINGTON

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: WORMINGTON, JACK J
Address: 720 BROOKER CREEK BLVD, STE 201
City-St-Zip: OLDSMAR, FL 34677

Title: VCVP () Delete
Name: WYSOCKI, LARRY V
Address: 2825 S. MOORLAND RD
City-St-Zip: NEW BERLIN, WI 53151

Title: S () Delete
Name: WYSOCKI, LARRY V
Address: 2825 S. MOORLAND RD
City-St-Zip: NEW BERLIN, WI 53151

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: WORMINGTON, JACK R
Address: 720 BROOKER CREEK BLVD, STE 201
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD A INGHAM

VPF

01/16/2009

Electronic Signature of Signing Officer or Director

Date