

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # H91970

1. Entity Name
FIRST CENTURY INVESTMENTS, INC.



Principal Place of Business
**500 S. FLORIDA AVE
700
LAKELAND, FL 33801 US**

Mailing Address
**P.O. BOX 5252
LAKELAND, FL 33807 US**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2611927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCFARLANE, PETER A., P.A.
500 S. FLORIDA AVE
#715
LAKELAND, FL 33801**

**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 reinstating)

DATE _____

**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**

1100000553964
05/15/06-80074-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAXWELL, LAWRENCE W.
STREET ADDRESS	500 S. FLORIDA AVE. #700
CITY-ST-ZIP	LAKELAND, FL
TITLE	SVP
NAME	BAXLEY, RONALD R.
STREET ADDRESS	500 S. FLORIDA AVE. #700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	S
NAME	EDBRUP, BRIDGET
STREET ADDRESS	500 S. FLORIDA AVE. #700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	T
NAME	KELLEY, KIM
STREET ADDRESS	500 S. FLORIDA AVE. #700
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Kim S. Kelley
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 863-647-1581
Date Daytime Phone #