


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90230 009 \*\*\*150.00

DOCUMENT # <b>M91100</b>	
1. Entity Name <b>TWENTY-FIRST CENTURY PROCD</b>	

**DO NOT WRITE IN THIS SPACE**

**50052592**

2. Principal Place of Business <b>C/O EDWARD F. DOWNS</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>510 N. STORE CIRCLE</b>		Suite, Apt. #, etc. <b>SAME</b>	
City & State <b>LYNN HAVEN FL.</b>		City & State <b>SAME</b>	
Zip <b>32444</b>	Country <b>BAY</b>	Zip <b>32444</b>	Country <b>BAY</b>

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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-2961280</b>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <b>SAME "TRES"</b>		
Street Address (P.O. Box Number is Not Acceptable)			
City <b>FL</b>			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 **Edward F. Downs** (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>January 1 - May, 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE <b>PRES.</b>	NAME <b>Edward F. Downs Jr.</b>	TITLE	
STREET ADDRESS <b>1802 Newberry Ave</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LYNN HAVEN, FL. 32444</b>		CITY-ST-ZIP	
TITLE <b>TRES.</b>	NAME <b>Edward F. Downs</b>	TITLE	
STREET ADDRESS <b>510 N. Store Circle</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LYNN HAVEN, FL. 32444</b>		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward F. Downs** **4/12/05 #850-265-3101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)