


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90113 015 ***150.00

DOCUMENT # P02000117172 1. Entity Name CENTURY SENIOR DIRECT, INC.					
Principal Place of Business 4875 COCONUT CREEK PARKWAY COCONUT CREEK FL 33063 US			Mailing Address 4875 COCONUT CREEK PARKWAY COCONUT CREEK FL 33063 US		
2. Principal Place of Business - No P.O. Box # 2700 WEST CYPRESS CREEK RD			3. Mailing Address Suite, Apt. #, etc. SUITE A106		
City & State FORT LAUDERDALE, FL			City & State SAME		
Zip 33309		Country USA		4. FEI Number 13-4220098	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent BREIT, RICHARD H 150 NORTH UNIVERSITY DRIVE SUITE 200 PLANTATION FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D/P WATON, SCOTT 4875 COCONUT CREEK PARKWAY COCONUT CREEK FL 33063		TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2700 WEST CYPRESS CREEK RD, SUITE A106 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY ST ZIP	D/P WATON, CRAIG 4875 COCONUT CREEK PARKWAY COCONUT CREEK FL 33063		TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2700 WEST CYPRESS CREEK RD, SUITE A106 FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY ST ZIP	D/P MARFOE, JOHN 4875 COCONUT CREEK PARKWAY COCONUT CREEK FL 33063		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-17-07 954-633-1201 <small>Date Daytime Phone #</small>		