

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90030 043 ***158.75

DOCUMENT # P04000122974

1. Entity Name
**CENTURION INVESTIGATIVE AGENCY AND
PROTECTION SERVICES INC.**



Principal Place of Business
**2000 N. FLORIDA MANGO
SUITE 101
WEST PALM BEACH, FL 33409**

Mailing Address
**2000 N. FLORIDA MANGO
SUITE 101
WEST PALM BEACH, FL 33409**



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0524944	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEXIMA, WILLETta H VP
2000 N. FLORIDA MANGO SUITE 101
WEST PALM BEACH, FL 33409**

**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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEXIMA, JEAN-JOSEPH O PRESIDE
STREET ADDRESS	2000 N. FLORIDA MANGO, SUITE 101
CITY - ST - ZIP	WEST PALM BEACH, FL 33409
TITLE	VP
NAME	LEXIMA, WILLETta H VP
STREET ADDRESS	2000 N. FLORIDA MANGO, SUITE 101
CITY - ST - ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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:

Willetta H. Lexima
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06 *512-7750*
Date Daytime Phone #