

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082524

FILED
Apr 23, 2007
Secretary of State

Entity Name: CENTURY SERVICES INCORPORATED

Current Principal Place of Business:

3603 SE 56TH ST.
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 830159
OCALA, FL 34483-015 US

New Mailing Address:

FEI Number: 20-2389758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, WILLIAM R
7008 BAYARD RD
FORT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DRAIME, DANIEL L
Address: 3603 SE 56 ST
City-St-Zip: OCALA, FL 34480

Title: VP () Delete
Name: MILES, WILLIAM R
Address: 7008 BAYARD RD.
City-St-Zip: FORT PIERCE, FL 34941

Title: D (X) Delete
Name: JOY, STEVEN
Address: 415 ALMA ST
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Delete
Name: BIRON, RAYMOND
Address: 14505 INDIGO LAKES
City-St-Zip: NAPLES, FL 34119

Title: D (X) Delete
Name: WARREN, DAN
Address: 36714 LIBERTY SQ
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Delete
Name: CARLSON, CRAIG
Address: 737 NW 37TH PL
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WILLIAM R MILES

VP

04/23/2007

Electronic Signature of Signing Officer or Director

Date