

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068082

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: CENTURY ARCHITECTURAL CONCEPTS, INC.

## Current Principal Place of Business:

307 S BOULEVARD SUITE D  
TAMPA, FL 33606

## New Principal Place of Business:

5256 TOWER WAY  
SANFORD, FL 32773

## Current Mailing Address:

307 S BOULEVARD SUITE D  
TAMPA, FL 33606

## New Mailing Address:

5256 TOWER WAY  
SANFORD, FL 32773

FEI Number: 26-0553315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARKS, PAUL T  
307 S BOULEVARD SUITE D  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

BREEHL, KATHERINE  
5256 TOWER WAY  
SANFORD, FL 32773 US

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: KATHERINE BREEHL

04/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BREEHL, LEONARD J  
Address: 5256 TOWER WAY  
City-St-Zip: SANFORD, FL 32773

Title: VD ( ) Delete  
Name: ASHE, NEVIN  
Address: 5256 TOWER WAY  
City-St-Zip: SANFORD, FL 32773

Title: SD ( ) Delete  
Name: BREEHL, KATHERINE F  
Address: 5256 TOWER WAY  
City-St-Zip: SANFORD, FL 32773

Title: TD ( ) Delete  
Name: ASHE, STEVEN  
Address: 5256 TOWER WAY  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: ASHE, STANLEY  
Address: 5256 TOWER WAY  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: HAGUE, PHILLIP A  
Address: 5256 TOWER WAY  
City-St-Zip: SANFORD, FL 32773

## 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  
Name:  
Address:  
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: KATHERINE BREEHL

SD

04/15/2008

Electronic Signature of Signing Officer or Director

Date