


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P34377</b> 1. Entity Name CENTURION RESIDENCE SERVICES, INC.	
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Principal Place of Business 1601 FORUM PLACE, STE P-2 WEST PALM BEACH, FL 33401	Mailing Address 1601 FORUM PLACE, STE P-2 WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0261002	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CALLAHAN, RICHARD P. 1601 FORUM PLACE, P-2 WEST PALM BEACH, FL 33401	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000064847 02/25/04-80011-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KOCH, WILLIAM I. 1601 FORUM PLACE, P-2 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALLAHAN, RICHARD P. 1601 FORUM PLACE, P-2 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHIPLEY, ZACHARY K. 1601 FORUM PLACE, P-2 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINACHER, STEVEN 1601 FORUM PLACE SUITE 1002 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURLEY, MARK 339 WEST BAY RD OSTERVILLE, MA 02655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELROY, JAMES 318 INDIAN TRACE 511 FORT LAUDERDALE, FL 33326

**DO NOT WRITE  
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)(f), 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:**  **2/20/04 561-242-0657**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #