2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P34377

1. Entity Name
CENTURION RESIDENCE SERVICES, INC.

Principal Place of Business	Mailing Address
1601 FORUM PLACE, STE P-2 WEST PALM BEACH, FL 33401	1601 FORUM PLACE, STE P-2 WEST PALM BEACH, FL 33401

01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0261002
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALLAHAN, RICHARD P.
1601 FORUM PLACE, P-2
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000188934
01/24/05-80076-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	KOCH, WILLIAM I.
STREET ADDRESS	1601 FORUM PLACE, P-2
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	S
NAME	CALLAHAN, RICHARD P.
STREET ADDRESS	1601 FORUM PLACE, P-2
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	TD
NAME	SHIPLEY, ZACHARY K.
STREET ADDRESS	1601 FORUM PLACE, P-2
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	P
NAME	REINACHER, STEVEN
STREET ADDRESS	1601 FORUM PLACE SUITE 1002
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VP
NAME	CURLEY, MARK
STREET ADDRESS	339 WEST BAY RD
CITY-ST-ZIP	OSTERVILLE, MA 02655
TITLE	VP
NAME	ELROY, JAMES
STREET ADDRESS	318 INDIAN TRACE 511
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Steven Reinacher 1/14/05 561-242-0657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #