

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2006 08:00 AM
Secretary of State**

DOCUMENT # P36438

1. Entity Name
CENTURY-NATIONAL INSURANCE COMPANY



Principal Place of Business
**P.O. BOX 3999
NORTH HOLLYWOOD, CA 91609**

Mailing Address
**P.O. BOX 3999
NORTH HOLLYWOOD, CA 91609**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-1368770

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILSON, WELDON
STREET ADDRESS	12200 SYLVAN STREET
CITY-ST-ZIP	NORTH HOLLYWOOD, CA
TITLE	DS
NAME	BALICKI, MARIE
STREET ADDRESS	12200 SYLVAN STREET
CITY-ST-ZIP	NORTH HOLLYWOOD, CA
TITLE	T
NAME	OSBORN, JUDITH
STREET ADDRESS	12200 SYLVAN STREET
CITY-ST-ZIP	NORTH HOLLYWOOD, CA 91606
TITLE	DVP
NAME	WILSON, KEVIN
STREET ADDRESS	12200 SYLVAN STREET
CITY-ST-ZIP	NORTH HOLLYWOOD, CA
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN WILSON

1-19-06

818-760-0880

Date

Daytime Phone #