

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90180 010 ***150.00

40050115



01052007 Chg-P CR2E034 (12/06)

DOCUMENT # P93000074491			
1. Entity Name CENTURION V, INC.			
Principal Place of Business 2611-B WEST 23RD ST. PANAMA CITY, FL 32405		Mailing Address 2611-B WEST 23RD ST. PANAMA CITY, FL 32405	
2. Principal Place of Business - No P.O. Box # 1701 TENNESSEE AVE. Suite, Apt. #, etc. SUITE 100 City & State LYNN HAVEN, FL Zip 32444 Country USA		3. Mailing Address 1701 TENNESSEE AVE. Suite, Apt. #, etc. SUITE 100 City & State LYNN HAVEN, FL Zip 32444 Country USA	
4. FEI Number 59-3208164		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GIOIELLO, JOHN L 1002 W. 23RD ST. SUITE 350 PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, ERIC A 2611-B WEST 23RD ST. PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, ERIC A. 1701 TENNESSEE AVE. SUITE 100 LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENGERT, ANTHONY M 2611-B WEST 23RD ST. PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENGERT, ANTHONY M. 1701 TENNESSEE AVE. SUITE 100 LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/2/07 (850) 277-0477	
ERIC A. JENKINS		Date Daytime Phone #	